



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code00014667NAIC Company Code12575Employer's ID Number20-2833904  
(Current)(Prior)

Organized under the Laws ofTennessee, State of Domicile or Port of EntryTN

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized05/11/2005Commenced Business01/01/2006

Statutory Home Office445 Great Circle RoadNashville, TN, US 37228  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office445 Great Circle Road  
(Street and Number)  
Nashville, TN, US 37228615-743-6600  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address445 Great Circle RoadNashville, TN, US 37228  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records445 Great Circle Road  
(Street and Number)  
Nashville, TN, US 37228615-743-6600  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.silverscript.com

Statutory Statement ContactXiaoqi Glenn Wang401-770-9669  
(Name)(Area Code) (Telephone Number)  
Xiaoqi.Wang@CVSCaremark.com401-733-0136  
(E-mail Address)(FAX Number)

OFFICERS

PresidentTodd Dean Meek

SecretaryMichele Wugalter Buchanan

TreasurerDaniel Lee Zablocki

ActuaryRebecca Conway Justice

OTHER

DIRECTORS OR TRUSTEES

Harold Neil Lund

Todd Dean Meek

Marsha Carolyn Moore

Mary Kristina Meyer

David Scott Azzolina

State of \_\_\_\_\_ SS:  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Todd Dean MeekPresident

Michele Wugalter BuchananSecretary

Daniel Lee ZablockiTreasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

United States Policy Forms Direct Business Only  
For The Year Ended December 31, 2018  
(To Be Filed By April 1)

NAIC Group Code 0001.....

NAIC Company Code 12575.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
1. Comprehensive Major Medical							
1.1 With Contract Reserves .....				0.0			
1.2 Without Contract Reserves .....				0.0			
1.3 Subtotal	0	0	0	0.0	0	0	0
2. Short-Term Medical							
2.1 With Contract Reserves .....				0.0			
2.2 Without Contract Reserves .....				0.0			
2.3 Subtotal	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves .....				0.0			
3.2 Without Contract Reserves .....				0.0			
3.3 Subtotal	0	0	0	0.0	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves .....				0.0			
4.2 Without Contract Reserves .....				0.0			
4.3 Subtotal	0	0	0	0.0	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves .....				0.0			
5.2 Without Contract Reserves .....				0.0			
5.3 Subtotal	0	0	0	0.0	0	0	0
6. Student							
6.1 With Contract Reserves .....				0.0			
6.2 Without Contract Reserves .....				0.0			
6.3 Subtotal	0	0	0	0.0	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves .....				0.0			
7.2 Without Contract Reserves .....				0.0			
7.3 Subtotal	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term							
8.1 With Contract Reserves .....				0.0			
8.2 Without Contract Reserves .....				0.0			
8.3 Subtotal	0	0	0	0.0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long - Term							
9.1 With Contract Reserves .....				0.0			
9.2 Without Contract Reserves .....				0.0			
9.3 Subtotal	0	0	0	0.0	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves .....				0.0			
10.2 Without Contract Reserves .....				0.0			
10.3 Subtotal	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves .....				0.0			
11.2 Without Contract Reserves .....				0.0			
11.3 Subtotal	0	0	0	0.0	0	0	0
12. Dental							
12.1 With Contract Reserves .....				0.0			
12.2 Without Contract Reserves .....				0.0			
12.3 Subtotal	0	0	0	0.0	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves .....				0.0			
13.2 Without Contract Reserves .....				0.0			
13.3 Subtotal	0	0	0	0.0	0	0	0
14. Medicare							
14.1 With Contract Reserves .....				0.0			
14.2 Without Contract Reserves .....				0.0			
14.3 Subtotal	0	0	0	0.0	0	0	0
15. Medicaid							
15.1 With Contract Reserves .....				0.0			
15.2 Without Contract Reserves .....				0.0			
15.3 Subtotal	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves .....				0.0			
16.2 Without Contract Reserves .....	3,342,570,900	2,779,166,734		83.1	4,859,001	4,859,001	57,971,729
16.3 Subtotal	3,342,570,900	2,779,166,734	0	83.1	4,859,001	4,859,001	57,971,729
17. Other Individual Business							
17.1 With Contract Reserves .....				0.0			
17.2 Without Contract Reserves .....				0.0			
17.3 Subtotal	0	0	0	0.0	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves .....	0	0	0	0.0	0	0	0
18.2 Without Contract Reserves .....	3,342,570,900	2,779,166,734	0	83.1	4,859,001	4,859,001	57,971,729
19. Grand Total Individual	3,342,570,900	2,779,166,734	0	83.1	4,859,001	4,859,001	57,971,729

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer .....				0.0			
1.2 Other Employer .....				0.0			
1.3 Single Employer Subtotal .....	0	0	0	0.0	0	0	0
2. Multiple Employer Assns and Trusts .....				0.0			
3. Other Associations and Discretionary Trusts .....				0.0			
4. Other Comprehensive Major Medical .....				0.0			
5. Comprehensive/Major Medical Subtotal .....	0	0	0	0.0	0	0	0
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease .....				0.0			
7. Limited Benefit .....				0.0			
8. Student .....				0.0			
9. Accident Only or AD&D .....				0.0			
10. Disability Income - Short-term .....				0.0			
11. Disability Income - Long-term .....				0.0			
12. Long-Term Care .....				0.0			
13. Medicare Supplement (Medigap) .....				0.0			
14. Federal Employees Health Benefits Plans .....				0.0			
15. Tricare .....				0.0			
16. Dental .....				0.0			
17. Medicare .....				0.0			
18. Medicare Part D - Stand-Alone.....	27,714,175	26,049,251		94.0	9,344	9,344	119,085
19. Other Group Care .....				0.0			
20. Grand Total Group Business .....	27,714,175	26,049,251	0	94.0	9,344	9,344	119,085
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group) .....				0.0			
2. Stop Loss/Excess Loss .....				0.0			
3. Administrative Services Only .....	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts .....	XXX	XXX	XXX	XXX	1,308,011	1,308,011	15,213,696
5. Grand Total Other Business .....	0	0	0	0.0	1,308,011	1,308,011	15,213,696
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms .....				0.0			
2. Grand Total Individual, Group and Other Business .....	3,370,285,075	2,805,215,985	0	83.2	6,176,356	6,176,356	73,304,510



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

**PART 1 – INDIVIDUAL POLICIES**

**SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business .....	3,342,570,900	2,779,166,734		83.1
2. Other Forms Direct Business .....				0.0
3. Total Direct Business .....	3,342,570,900	2,779,166,734	0	83.1
4. Reinsurance Assumed .....	(102,714)	(184,222)		179.4
5. Less Reinsurance Ceded .....	671,803,024	546,343,670		81.3
6. Total	2,670,665,162	2,232,638,842	0	83.6

**PART 2 – GROUP POLICIES**

**SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business .....	27,714,175	26,049,251		94.0
2. Other Forms Direct Business .....				0.0
3. Total Direct Business .....	27,714,175	26,049,251	0	94.0
4. Reinsurance Assumed .....	0	0		0.0
5. Less Reinsurance Ceded .....	5,267,127	5,302,320		100.7
6. Total	22,447,048	20,746,931	0	92.4

**PART 3 – CREDIT POLICIES (Individual and Group)**

**SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. Total				

**PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES**

**SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business .....	3,370,285,075	2,805,215,985	0	83.2
2. Other Forms Direct Business .....	0	0	0	0.0
3. Total Direct Business .....	3,370,285,075	2,805,215,985	0	83.2
4. Reinsurance Assumed .....	(102,714)	(184,222)	0	179.4
5. Less Reinsurance Ceded .....	677,070,151	551,645,990	0	81.5
6. Total	2,693,112,210	2,253,385,773	0	83.7



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code	0001	BUSINESS IN THE STATE OF	Alabama	DURING THE YEAR						2018	(LOCATION)					NAIC Company Code	12575
	Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9	10	11	12	13	14	15
	1	2	3	4	5	6	7	8									
									Individual	Small Group Employer							
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	53,921,172	53,921,172	XXX	53,921,172
1.2 Federal high risk pools														0	0	XXX	0
1.3 State high risk pools														0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	53,921,172	53,921,172	XXX	53,921,172
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	2,192,713	2,192,713	0	2,192,713
1.6 State insurance, premium and other taxes (Similar local taxes of \$ 0 )	0	0	0	0	0	0	0	0	0	0	0	0	0	48,767	48,767	0	48,767
1.6a Community Benefit Expenditures (informational only)														0	0		0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	9,540	9,540	0	9,540
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	51,670,152	51,670,152	XXX	51,670,152
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	(10,907,003)	(10,907,003)	XXX	(10,907,003)
1.10 Other Adjustments due to MLR calculations - Premiums														0	0	XXX	0
1.11 Risk Revenue														0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	40,763,149	40,763,149	XXX	40,763,149
2. Claims:																	
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	(376,390)	(376,390)	XXX	(376,390)
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	98,185,197	98,185,197	XXX	98,185,197
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	54,479,388	54,479,388	XXX	54,479,388
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)														0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	3,270	3,270	XXX	3,270
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	43,332,689	43,332,689	XXX	43,332,689
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,597,777)	(8,597,777)	XXX	(8,597,777)
5.2 Other Adjustments due to MLR calculations - Claims														0	0	XXX	0
5.3 Rebates paid														0	0	XXX	0
5.4 Estimated rebates unpaid prior year														0	0	XXX	0
5.5 Estimated rebates unpaid current year														0	0	XXX	0
5.6 Fee for service and co-pay revenue														0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	34,734,912	34,734,912	XXX	34,734,912
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes												0	0	405,685	405,685	145,948	551,633
6.2 Activities to prevent hospital readmissions														0	0		0
6.3 Improve patient safety and reduce medical errors														0	0		0
6.4 Wellness and health promotion activities														0	0		0
6.5 Health Information Technology expenses related to health improvement														0	0		0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	405,685	405,685	145,948	551,633
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.846	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6														0	0		0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	904,835	904,835	350,280	1,255,115
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	904,835	904,835	350,280	1,255,115
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX

216-1.AL

216-2.AL

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....402	.....402	.....402	
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,333,260	.....1,333,260	.....1,333,260	
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0	.....0	
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,887,275	.....2,887,275	.....4,109,181	
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0	.....0	
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,220,937	4,220,937	5,442,843	
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	496,780	496,780	(1,221,354)	
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,781,136	1,781,136	
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	216,319	XXX	216,319	
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0	
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713,099	XXX	776,101	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)												0		0	
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)												0		0	
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	78,418	78,418	86,598	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	78,418	78,418	86,598	
3.	Number of Groups	XXX			XXX								0		0	
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	943,870	943,870	1,041,895	

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Alabama		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR								9	10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:									
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1	Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	53,949,750	53,949,750			
1.2	Unearned premium prior year													0			
1.3	Unearned premium current year													0			
1.4	Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	12,260	12,260			
1.6	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	123,177	123,177			
1.7	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	511,827	511,827			
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(388,650)	(388,650)			
1.9	Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	28,578	28,578			
1.10	Group conversion charge													0			
1.11	Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	53,921,172	53,921,172			
1.12	Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	(899)	(899)			
1.13	Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	(10,907,003)	(10,907,003)			
1.14	Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	(899)	(899)			
1.15	Other Adjustments due to MLR calculation - Premiums													0			
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	43,390,559	43,390,559			
2. Direct Claims Incurred:																	
2.1	Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	41,556,030	41,556,030			
2.2	Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	131,839	131,839			
2.3	Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	92,982	92,982			
2.4	Direct claim reserves current year													0			
2.5	Direct claim reserves prior year													0			
2.6	Direct contract reserves current year													0			
2.7	Direct contract reserves prior year													0			
2.8	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	12,260	12,260			
2.9	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	123,177	123,177			
2.10	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	511,827	511,827			
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	3,270	3,270			
2.11a	Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	14,600	14,600			
2.11b	Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	779	779			
2.11c	Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	12,109	12,109			
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	(2,110,919)	(2,110,919)			
2.12a	Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	8,148,900	8,148,900			
2.12b	Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	10,259,819	10,259,819			
2.13	Group conversion charge													0			
2.14	Multi-option coverage blended rate adjustment													0			
2.15	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	0	43,332,686	43,332,686			
2.16	Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	(3,959)	(3,959)			
2.17	Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	(8,597,777)	(8,597,777)			
2.18	Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	(3,959)	(3,959)			
2.19	Other adjustments due to MLR calculation - Claims													0			
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	35,111,299	35,111,299			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.AL

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Alabama		DURING THE YEAR				(LOCATION) 2018 NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1  Improve Health Outcomes	2  Activities to Prevent Hospital Readmissions	3  Improve Patient Safety and Reduce Medical Errors	4  Wellness & Health Promotion Activities	5  HIT Expenses	6  Total (1 to 5)	7  Cost Containment Expenses	8  Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.AL

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AL



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12		13		14		15	
																		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Subtotal (Cols. 1 through 12)		Uninsured Plans		Total 13 + 14	
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business												
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,181,481		1,181,481		XXX		1,181,481	
1.2 Federal high risk pools .....																		0		XXX				0	
1.3 State high risk pools .....																		0		XXX				0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,181,481		1,181,481		XXX		1,181,481	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0		0	0	0		0		118,191		118,191		0		118,191	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,069		1,069		0		1,069	
1.6a Community Benefit Expenditures (informational only) .....																		0						0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0		0	0	0		0		209		209		0		209	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,062,012		1,062,012		XXX		1,062,012	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(239,040)		(239,040)		XXX		(239,040)	
1.10 Other Adjustments due to MLR calculations - Premiums .....																		0		XXX				0	
1.11 Risk Revenue .....																		0		XXX				0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		822,972		822,972		XXX		822,972	
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(10,130)		(10,130)		XXX		(10,130)	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,831,991		1,831,991		XXX		1,831,991	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0		0	0	0		0		1,016,505		1,016,505		XXX		1,016,505	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																		0		0		XXX		0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0		0	0	0		0		61		61		XXX		61	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0		0	0	0		0				0				0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		805,417		805,417		XXX		805,417	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(160,422)		(160,422)		XXX		(160,422)	
5.2 Other Adjustments due to MLR calculations - Claims .....																		0		XXX				0	
5.3 Rebates paid .....												XXX	XXX					0		XXX				0	
5.4 Estimated rebates unpaid prior year .....												XXX	XXX					0		XXX				0	
5.5 Estimated rebates unpaid current year .....												XXX	XXX					0		XXX				0	
5.6 Fee for service and co-pay revenue .....																		0		XXX				0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		644,995		644,995		XXX		644,995	
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....												0	0					8,889		8,889		3,198		12,087	
6.2 Activities to prevent hospital readmissions .....																		0						0	
6.3 Improve patient safety and reduce medical errors .....																		0						0	
6.4 Wellness and health promotion activities .....																		0						0	
6.5 Health Information Technology expenses related to health improvement .....																		0						0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		8,889		8,889		3,198		12,087	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		XXX	XXX	0.767		XXX		XXX		XXX		XXX		XXX	
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																		0						0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0		0	0	0		0		19,826		19,826		7,675		27,501	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		19,826		19,826		7,675		27,501	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.019		XXX		XXX		XXX		XXX		XXX	



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9	.....9		.....9
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	29,213	29,213	.....0	29,213
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	63,264	63,264	26,774	90,038
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	92,486	92,486	26,774	119,260
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	56,776	56,776	XXX	19,129
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,027	39,027
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,969	XXX	5,969
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,745	XXX	64,125
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	1,069	1,069	192	1,261
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	1,069	1,069	192	1,261
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	13,060	13,060	2,378	15,438

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR		2018		(LOCATION)			
												NAIC Company Code		12575	
		Business Subject to MLR								10	11	12	13		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
		1	2	3	4	5	6	7	8						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans					
1. Health Premiums Earned:															
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	1,182,107	1,182,107	
1.2 Unearned premium prior year														0	
1.3 Unearned premium current year														0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits														0	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	2,700	2,700	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	12,830	12,830	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(10,130)	(10,130)	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	626	626	
1.10 Group conversion charge														0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	1,181,481	1,181,481	
1.12 Assumed premiums earned from non-affiliates														0	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(239,040)	(239,040)	
1.14 Ceded premiums earned to non-affiliates														0	
1.15 Other Adjustments due to MLR calculation - Premiums														0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	952,571	952,571	
2. Direct Claims Incurred:															
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	743,272	743,272	
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	2,459	2,459	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	2,027	2,027	
2.4 Direct claim reserves current year														0	
2.5 Direct claim reserves prior year														0	
2.6 Direct contract reserves current year														0	
2.7 Direct contract reserves prior year														0	
2.8 Paid rate credits														0	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	2,700	2,700	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	12,830	12,830	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	61	61	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	312	312	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	15	15	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	266	266	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(71,782)	(71,782)	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	152,047	152,047	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	223,829	223,829	
2.13 Group conversion charge														0	
2.14 Multi-option coverage blended rate adjustment														0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	805,417	805,417	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(116)	(116)	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(160,422)	(160,422)	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(116)	(116)	
2.19 Other adjustments due to MLR calculation - Claims														0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	655,125	655,125	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.AK

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5  HIT Expenses	6  Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	.XXX.	XXX	.XXX.					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX.	XXX	.XXX.	XXX	.XXX.	.XXX.	XXX	.XXX.		
	4.10 Total (4.7 to 4.9) .....										
4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		.XXX.					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX.	XXX	.XXX.	XXX	.XXX.	.XXX.	XXX	.XXX.		
	5.10 Total (5.7 to 5.9) .....										
5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	.XXX.	XXX	.XXX.					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX.	XXX	.XXX.	XXX	.XXX.	.XXX.	XXX	.XXX.		
	6.10 Total (6.7 to 6.9) .....										
6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											

216-5.AK

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AK



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code	0001	BUSINESS IN THE STATE OF	Arizona	DURING THE YEAR						2018	(LOCATION)					NAIC Company Code	12575
	Comprehensive Health Coverage			Business Subject to MLR Mini-Med Plans			Expatriate Plans		9 Student Health Plans	10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14		
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group									
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	35,012,823	35,012,823	XXX	35,012,823		
1.2 Federal high risk pools												0	0	XXX	0		
1.3 State high risk pools												0	0	XXX	0		
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	0	35,012,823	35,012,823	XXX	35,012,823		
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	3,566,825	3,566,825	0	3,566,825		
1.6 State insurance, premium and other taxes (Similar local taxes of \$ 0 )	0	0	0	0	0	0	0	0	0	0	0	31,665	31,665	0	31,665		
1.6a Community Benefit Expenditures (informational only)												0	0	0	0		
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	6,194	6,194	0	6,194		
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	31,408,139	31,408,139	XXX	31,408,139		
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	(7,091,987)	(7,091,987)	XXX	(7,091,987)		
1.10 Other Adjustments due to MLR calculations - Premiums												0	0	XXX	0		
1.11 Risk Revenue												0	0	XXX	0		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	24,316,152	24,316,152	XXX	24,316,152		
2. Claims:																	
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	(304,160)	(304,160)	XXX	(304,160)		
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	57,330,801	57,330,801	XXX	57,330,801		
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	31,810,772	31,810,772	XXX	31,810,772		
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)												0	0	XXX	0		
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	1,910	1,910	XXX	1,910		
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	25,217,779	25,217,779	XXX	25,217,779		
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	(5,020,283)	(5,020,283)	XXX	(5,020,283)		
5.2 Other Adjustments due to MLR calculations - Claims												0	0	XXX	0		
5.3 Rebates paid											XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year											XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year											XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue												0	0	XXX	0		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	20,197,496	20,197,496	XXX	20,197,496		
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes											0	263,426	263,426	94,770	358,196		
6.2 Activities to prevent hospital readmissions												0	0		0		
6.3 Improve patient safety and reduce medical errors												0	0		0		
6.4 Wellness and health promotion activities												0	0		0		
6.5 Health Information Technology expenses related to health improvement												0	0		0		
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	263,426	263,426	94,770	358,196		
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	0.811	XXX	XXX	XXX		
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6												0	0		0		
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	587,539	587,539	227,449	814,988		
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	587,539	587,539	227,449	814,988		
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	XXX	XXX	XXX		

216-1.AZ

216-2-AZ

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.262	.262		.262
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.865,728	.865,728	.0	.865,728
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.0	.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,874,805	1,874,805	.793,425	2,668,230
10.4a Community Benefit Expenditures (informational only) .....												.0	.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	2,740,795	2,740,795	793,425	3,534,220
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	526,896	526,896	XXX	(588,748)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,156,553	1,156,553
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,375,696	XXX	1,375,696
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,902,592	XXX	1,943,501
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	58,453	58,453	13,348	71,801
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	58,453	58,453	13,348	71,801
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	698,609	698,609	158,821	857,430

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)					Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	35,031,403	35,031,403		
1.2 Unearned premium prior year														0	0		
1.3 Unearned premium current year														0	0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(40,018)	(40,018)		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	80,094	80,094		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	344,236	344,236		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(264,142)	(264,142)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	18,580	18,580		
1.10 Group conversion charge														0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	35,012,823	35,012,823		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,764)	(1,764)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(7,091,987)	(7,091,987)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,764)	(1,764)		
1.15 Other Adjustments due to MLR calculation - Premiums														0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	28,224,996	28,224,996		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	24,368,906	24,368,906		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	76,982	76,982		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	53,341	53,341		
2.4 Direct claim reserves current year														0	0		
2.5 Direct claim reserves prior year														0	0		
2.6 Direct contract reserves current year														0	0		
2.7 Direct contract reserves prior year														0	0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(40,018)	(40,018)		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	80,094	80,094		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	344,236	344,236		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	1,910	1,910		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	8,401	8,401		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	455	455		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	6,946	6,946		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(1,127,482)	(1,127,482)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	4,758,183	4,758,183		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	5,885,665	5,885,665		
2.13 Group conversion charge														0	0		
2.14 Multi-option coverage blended rate adjustment														0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	25,217,779	25,217,779		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2,572)	(2,572)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(5,020,283)	(5,020,283)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2,572)	(2,572)		
2.19 Other adjustments due to MLR calculation - Claims														0	0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	20,501,656	20,501,656		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-AZ



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Arizona		DURING THE YEAR				(LOCATION) NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.AZ

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.AZ

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AZ



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	49,812,804	49,812,804	XXX	49,812,804						
1.2 Federal high risk pools .....														0	XXX	0							
1.3 State high risk pools .....														0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	49,812,804	49,812,804	XXX	49,812,804						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	711,138	711,138	0	711,138						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	45,050	45,050	0	45,050						
1.6a Community Benefit Expenditures (informational only) .....														0		0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	8,813	8,813	0	8,813						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	49,047,803	49,047,803	XXX	49,047,803						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(11,087,582)	(11,087,582)	XXX	(11,087,582)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0							
1.11 Risk Revenue .....														0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	37,960,221	37,960,221	XXX	37,960,221						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(5,315,756)	(5,315,756)	XXX	(5,315,756)						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	107,898,811	107,898,811	XXX	107,898,811						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	59,869,118	59,869,118	XXX	59,869,118						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	3,594	3,594	XXX	3,594						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	42,717,531	42,717,531	XXX	42,717,531						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(9,448,369)	(9,448,369)	XXX	(9,448,369)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX	0							
5.3 Rebates paid .....											XXX	XXX		0	XXX	0							
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX	0							
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX	0							
5.6 Fee for service and co-pay revenue .....														0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	33,269,162	33,269,162	XXX	33,269,162						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0		374,797	374,797	134,830	509,627						
6.2 Activities to prevent hospital readmissions .....														0		0							
6.3 Improve patient safety and reduce medical errors .....														0		0							
6.4 Wellness and health promotion activities .....														0		0							
6.5 Health Information Technology expenses related to health improvement .....														0		0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	374,797	374,797	134,830	509,627						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX		0.879	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0		0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	835,937	835,937	323,592	1,159,529						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	835,937	835,937	323,592	1,159,529						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX						

216-1.AR

216-2.AR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.372	.372		.372
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,231,737	1,231,737	.0	1,231,737
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,667,428	2,667,428	1,128,808	3,796,236
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	3,899,537	3,899,537	1,128,808	5,028,345
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(419,212)	(419,212)	XXX	(2,006,442)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,645,432	1,645,432
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	194,969	XXX	194,969
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(224,243)	XXX	(166,041)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	102,139	102,139	3,583	105,722
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	102,139	102,139	3,583	105,722
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,206,243	1,206,243	43,755	1,249,998

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)					Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	49,841,852	49,841,852		
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(4,988,658)	(4,988,658)		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	125,218	125,218		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	452,316	452,316		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(327,098)	(327,098)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	29,048	29,048		
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	49,812,804	49,812,804		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,261)	(1,261)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(11,087,582)	(11,087,582)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,261)	(1,261)		
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	44,040,978	44,040,978		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	46,768,225	46,768,225		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	144,883	144,883		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	92,114	92,114		
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(4,988,658)	(4,988,658)		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	125,218	125,218		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	452,316	452,316		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	3,594	3,594		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	14,731	14,731		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	856	856		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	11,993	11,993		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(1,208,699)	(1,208,699)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	8,955,086	8,955,086		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	10,163,785	10,163,785		
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	42,717,531	42,717,531		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,244)	(3,244)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(9,448,369)	(9,448,369)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,244)	(3,244)		
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	38,584,918	38,584,918		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-AR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.AR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.AP



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.AR



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	375,615,873	375,615,873	XXX	375,615,873						
1.2 Federal high risk pools .....														0	XXX	0							
1.3 State high risk pools .....														0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	375,615,873	375,615,873	XXX	375,615,873						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	6,044,025	6,044,025	0	6,044,025						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	339,704	339,704	0	339,704						
1.6a Community Benefit Expenditures (informational only) .....														0	0	0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	66,453	66,453	0	66,453						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	369,165,691	369,165,691	XXX	369,165,691						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(76,191,081)	(76,191,081)	XXX	(76,191,081)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0							
1.11 Risk Revenue .....														0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	292,974,610	292,974,610	XXX	292,974,610						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(3,254,218)	(3,254,218)	XXX	(3,254,218)						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	728,106,427	728,106,427	XXX	728,106,427						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	403,999,721	403,999,721	XXX	403,999,721						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	24,251	24,251	XXX	24,251						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	320,876,739	320,876,739	XXX	320,876,739						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(63,758,054)	(63,758,054)	XXX	(63,758,054)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX	0							
5.3 Rebates paid .....														0	XXX	0							
5.4 Estimated rebates unpaid prior year .....													XXX	0	XXX	0							
5.5 Estimated rebates unpaid current year .....													XXX	0	XXX	0							
5.6 Fee for service and co-pay revenue .....														0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	257,118,685	257,118,685	XXX	257,118,685						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....													0	2,826,026	2,826,026	1,016,691	3,842,717						
6.2 Activities to prevent hospital readmissions .....														0	0	0	0						
6.3 Improve patient safety and reduce medical errors .....														0	0	0	0						
6.4 Wellness and health promotion activities .....														0	0	0	0						
6.5 Health Information Technology expenses related to health improvement .....														0	0	0	0						
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,826,026	2,826,026	1,016,691	3,842,717						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.877	XXX	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0	0	0	0						
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	6,303,095	6,303,095	2,440,058	8,743,153						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	6,303,095	6,303,095	2,440,058	8,743,153						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX	XXX						

216-1.CA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,806	.....2,806		.....2,806
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....9,287,494	.....9,287,494	.....0	.....9,287,494
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0			.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....20,112,835	.....20,112,835	.....8,511,830	.....28,624,665
	10.4a Community Benefit Expenditures (informational only) .....															.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	29,403,135	29,403,135	8,511,830	37,914,965
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(2,676,331)	(2,676,331)	XXX	(14,644,910)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,407,451	12,407,451
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,443,308	XXX	1,443,308
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(1,233,023)	XXX	(794,151)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	521,282	521,282	51,665	572,947
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	521,282	521,282	51,665	572,947
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	1	1	3	4
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	6,217,915	6,217,915	627,253	6,845,168

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	375,815,485	375,815,485			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(966,021)	(966,021)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	860,468	860,468			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	3,148,665	3,148,665			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(2,288,197)	(2,288,197)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	199,612	199,612			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	375,615,873	375,615,873			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,102)	(11,102)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(76,191,081)	(76,191,081)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,102)	(11,102)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	302,679,010	302,679,010			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	309,012,325	309,012,325			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	977,677	977,677			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	681,768	681,768			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(966,021)	(966,021)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	860,468	860,468			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	3,148,665	3,148,665			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	24,251	24,251			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	107,261	107,261			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	5,777	5,777			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	88,787	88,787			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(14,798,475)	(14,798,475)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	60,429,360	60,429,360			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	75,227,835	75,227,835			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	320,876,742	320,876,742			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(17,446)	(17,446)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(63,758,054)	(63,758,054)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(17,446)	(17,446)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	260,372,906	260,372,906			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		California		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.CA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....					XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	27,083,749	27,083,749	XXX	27,083,749							
1.2 Federal high risk pools .....													0	0	XXX	0							
1.3 State high risk pools .....													0	0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	27,083,749	27,083,749	XXX	27,083,749							
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	1,431,978	1,431,978	0	1,431,978							
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	24,494	24,494	0	24,494							
1.6a Community Benefit Expenditures (informational only) .....													0	0		0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	4,792	4,792	0	4,792							
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	25,622,485	25,622,485	XXX	25,622,485							
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(5,483,311)	(5,483,311)	XXX	(5,483,311)							
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	0	XXX	0							
1.11 Risk Revenue .....													0	0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	20,139,174	20,139,174	XXX	20,139,174							
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(171,303)	(171,303)	XXX	(171,303)							
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	47,731,493	47,731,493	XXX	47,731,493							
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	26,484,466	26,484,466	XXX	26,484,466							
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	1,590	1,590	XXX	1,590							
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0		0							
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	21,077,314	21,077,314	XXX	21,077,314							
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(4,179,701)	(4,179,701)	XXX	(4,179,701)							
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0							
5.3 Rebates paid .....											XXX	XXX	0	0	XXX	0							
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	0	XXX	0							
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	0	XXX	0							
5.6 Fee for service and co-pay revenue .....													0	0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	16,897,613	16,897,613	XXX	16,897,613							
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	203,770	203,770	73,308	277,078							
6.2 Activities to prevent hospital readmissions .....													0	0		0							
6.3 Improve patient safety and reduce medical errors .....													0	0		0							
6.4 Wellness and health promotion activities .....													0	0		0							
6.5 Health Information Technology expenses related to health improvement .....													0	0		0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	203,770	203,770	73,308	277,078							
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.831	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0		0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	454,484	454,484	175,940	630,424							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	454,484	454,484	175,940	630,424							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX							

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....202	.....202		.....202
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....669,673	.....669,673	.....0	.....669,673
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,450,233	.....1,450,233	.....613,745	.....2,063,978
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	2,120,108	2,120,108	613,745	2,733,853
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	463,199	463,199	XXX	(399,794)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	894,638	894,638
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117,064	XXX	117,064
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	580,263	XXX	611,908
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	41,702	41,702	32,841	74,543
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	41,702	41,702	32,841	74,543
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	2	2
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	485,477	485,477	389,626	875,103

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10		11		12		13	
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	27,098,115	27,098,115					
1.2 Unearned premium prior year													0	0					
1.3 Unearned premium current year													0	0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(18,053)	(18,053)					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	61,926	61,926					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	215,176	215,176					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(153,250)	(153,250)					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	14,366	14,366					
1.10 Group conversion charge													0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	27,083,749	27,083,749					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(207)	(207)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,483,311)	(5,483,311)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(207)	(207)					
1.15 Other Adjustments due to MLR calculation - Premiums													0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	21,771,741	21,771,741					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	20,799,151	20,799,151					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	64,092	64,092					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	39,743	39,743					
2.4 Direct claim reserves current year													0	0					
2.5 Direct claim reserves prior year													0	0					
2.6 Direct contract reserves current year													0	0					
2.7 Direct contract reserves prior year													0	0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(18,053)	(18,053)					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	61,926	61,926					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	215,176	215,176					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	1,590	1,590					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	6,384	6,384					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	379	379					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	5,173	5,173					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(423,527)	(423,527)					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	3,961,486	3,961,486					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	4,385,013	4,385,013					
2.13 Group conversion charge													0	0					
2.14 Multi-option coverage blended rate adjustment													0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	21,077,314	21,077,314					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,351)	(1,351)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(4,179,701)	(4,179,701)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,351)	(1,351)					
2.19 Other adjustments due to MLR calculation - Claims													0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	17,068,916	17,068,916					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Connecticut		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Mini-Med Plans							Student Health Plans								
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group		8 Large Group							
		Individual			Individual							Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	43,175,223	43,175,223	XXX	43,175,223
1.2 Federal high risk pools .....														0	XXX		0
1.3 State high risk pools .....														0	XXX		0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	43,175,223	43,175,223	XXX	43,175,223
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	1,003,811	1,003,811	0	1,003,811
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	39,047	39,047	0	39,047
1.6a Community Benefit Expenditures (informational only) .....					0	0	0	0	0	0	0	0	0	0	0		0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	7,638	7,638	0	7,638
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	42,124,727	42,124,727	XXX	42,124,727
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(8,735,596)	(8,735,596)	XXX	(8,735,596)
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX		0
1.11 Risk Revenue .....														0	XXX		0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	33,389,131	33,389,131	XXX	33,389,131
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(309,104)	(309,104)	XXX	(309,104)
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	82,144,193	82,144,193	XXX	82,144,193
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	45,578,819	45,578,819	XXX	45,578,819
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX		0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	2,736	2,736	XXX	2,736
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0				0		0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	36,259,006	36,259,006	XXX	36,259,006
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(7,193,116)	(7,193,116)	XXX	(7,193,116)
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX		0
5.3 Rebates paid .....												XXX	XXX	0	XXX		0
5.4 Estimated rebates unpaid prior year .....												XXX	XXX	0	XXX		0
5.5 Estimated rebates unpaid current year .....												XXX	XXX	0	XXX		0
5.6 Fee for service and co-pay revenue .....														0	XXX		0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	29,065,890	29,065,890	XXX	29,065,890
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....												0	0	324,838	324,838	116,864	441,702
6.2 Activities to prevent hospital readmissions .....														0			0
6.3 Improve patient safety and reduce medical errors .....														0			0
6.4 Wellness and health promotion activities .....														0			0
6.5 Health Information Technology expenses related to health improvement .....														0			0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	324,838	324,838	116,864	441,702
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.868	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0			0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	724,509	724,509	280,473	1,004,982
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	724,509	724,509	280,473	1,004,982
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....323	.....323		.....323
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,067,551	.....1,067,551	.....0	.....1,067,551
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,311,870	.....2,311,870	.....978,394	.....3,290,264
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	3,379,744	3,379,744	978,394	4,358,138
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(105,850)	(105,850)	XXX	(1,481,581)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,426,177	1,426,177
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	171,740	XXX	171,740
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65,890	XXX	116,336
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	53,942	53,942	9,431	63,373
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	53,942	53,942	9,431	63,373
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	2	2	3	5
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	652,688	652,688	116,159	768,847

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Connecticut		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	43,198,109	43,198,109			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(1,316)	(1,316)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	98,656	98,656			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	406,444	406,444			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(307,788)	(307,788)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	22,886	22,886			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	43,175,223	43,175,223			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,242)	(1,242)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(8,735,596)	(8,735,596)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,242)	(1,242)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	34,748,731	34,748,731			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	34,434,485	34,434,485			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	110,300	110,300			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	80,830	80,830			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(1,316)	(1,316)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	98,656	98,656			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	406,444	406,444			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	2,736	2,736			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	12,611	12,611			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	652	652			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	10,527	10,527			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(2,101,419)	(2,101,419)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	6,817,576	6,817,576			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	8,918,995	8,918,995			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	36,259,006	36,259,006			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,806)	(2,806)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,193,116)	(7,193,116)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,806)	(2,806)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	29,374,994	29,374,994			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR				(LOCATION) 2018 NAIC Company Code			
	All Expenses	Improving Health Care Quality Expenses									
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Claims Adjustment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....77	.....77		.....77
10.2 Agents and brokers fees and commissions.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	255,093	255,093	.....0	255,093
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	552,426	552,426	233,792	786,218
10.4a Community Benefit Expenditures (informational only) .....													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	807,596	807,596	233,792	1,041,388
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	213,953	213,953	XXX	(114,784)
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	340,791	340,791
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,910	XXX	40,910
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	254,863	XXX	266,917
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	14,427	14,427	4,826	19,253
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	14,427	14,427	4,826	19,253
3. Number of Groups		XXX			XXX								0		0
4. Member Months		0	0	0	0	0	0	0	0	0	0	169,436	169,436	55,532	224,968

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Delaware		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
				Business Subject to MLR							10	11	12	13			
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:						9		
				1	2	3	4	5	6	7						8	
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	0	10,322,269	10,322,269
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	0	217,988	217,988
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	0	23,075	23,075
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	0	85,109	85,109
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	0	(62,034)	(62,034)
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	0	5,353	5,353
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	0	10,316,916	10,316,916
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(119)	(119)
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(2,043,243)	(2,043,243)
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(119)	(119)
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	0	8,117,719	8,117,719
2. Direct Claims Incurred:																	
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	0	7,447,637	7,447,637
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	0	23,425	23,425
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	0	15,935	15,935
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	0	217,988	217,988
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	0	23,075	23,075
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	0	85,109	85,109
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	0	581	581
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	0	2,517	2,517
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	0	138	138
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	0	2,074	2,074
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	0	(310,347)	(310,347)
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	0	1,447,865	1,447,865
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	0	1,758,212	1,758,212
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	0	7,922,009	7,922,009
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(1,015)	(1,015)
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(1,527,619)	(1,527,619)
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	0	(1,015)	(1,015)
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	0	6,238,436	6,238,436
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Delaware		DURING THE YEAR				2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]







SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,586,696	5,586,696	XXX	5,586,696			
1.2 Federal high risk pools .....												0	XXX	0									0
1.3 State high risk pools .....												0	XXX	0									0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,586,696	5,586,696	XXX	5,586,696			
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	388,090	388,090	0	388,090			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,053	5,053	0	5,053			
1.6a Community Benefit Expenditures (informational only) .....												0		0								0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	988	988	0	988			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,192,565	5,192,565	XXX	5,192,565			
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,104,139)	(1,104,139)	XXX	(1,104,139)			
1.10 Other Adjustments due to MLR calculations - Premiums .....												0	XXX	0								0	
1.11 Risk Revenue .....												0	XXX	0								0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,088,426	4,088,426	XXX	4,088,426			
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	92,747	92,747	XXX	92,747			
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,126,220	9,126,220	XXX	9,126,220			
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,063,807	5,063,807	XXX	5,063,807			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																	0	XXX	0				
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	304	304	XXX	304			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0						0					0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,155,464	4,155,464	XXX	4,155,464			
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(799,155)	(799,155)	XXX	(799,155)			
5.2 Other Adjustments due to MLR calculations - Claims .....																	0	XXX	0				
5.3 Rebates paid .....																	0	XXX	0				
5.4 Estimated rebates unpaid prior year .....																	0	XXX	0				
5.5 Estimated rebates unpaid current year .....																	0	XXX	0				
5.6 Fee for service and co-pay revenue .....																	0	XXX	0				
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,356,309	3,356,309	XXX	3,356,309			
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....												0	0				42,032	42,032	15,122	57,154			
6.2 Activities to prevent hospital readmissions .....																	0					0	
6.3 Improve patient safety and reduce medical errors .....																	0					0	
6.4 Wellness and health promotion activities .....																	0					0	
6.5 Health Information Technology expenses related to health improvement .....																	0					0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42,032	42,032	15,122	57,154			
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.808	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0									0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	93,747	93,747	36,292	130,039							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	93,747	93,747	36,292	130,039							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX								

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.42	.42		.42
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	138, 135	138, 135	.0	138, 135
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	299, 143	299, 143	126, 600	425, 743
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	437, 320	437, 320	126, 600	563, 920
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	159, 018	159, 018	XXX	( 18, 996)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	184, 542	184, 542
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22, 951	XXX	22, 951
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	181, 969	XXX	188, 497
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	6, 275	6, 275	1, 645	7, 920
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	6, 275	6, 275	1, 645	7, 920
3. Number of Groups	XXX	0		XXX	0	0	0	0	0	0	0		0	2	2
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	75, 209	75, 209	19, 299	94, 508

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	5,589,589	5,589,589			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	129,379	129,379			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	12,470	12,470			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	49,102	49,102			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(36,632)	(36,632)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	2,893	2,893			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	5,586,696	5,586,696			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(236)	(236)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,104,139)	(1,104,139)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(236)	(236)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	4,389,810	4,389,810			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	3,823,715	3,823,715			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	12,255	12,255			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	9,000	9,000			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	129,379	129,379			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	12,470	12,470			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	49,102	49,102			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	304	304			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,402	1,402			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	72	72			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	1,170	1,170			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(235,443)	(235,443)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	757,433	757,433			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	992,876	992,876			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	4,155,464	4,155,464			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(456)	(456)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(799,155)	(799,155)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(456)	(456)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	3,263,562	3,263,562			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	314, 110, 854	314, 110, 854	XXX	314, 110, 854							
1.2 Federal high risk pools .....													0	XXX	0								
1.3 State high risk pools .....													0	XXX	0								
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	314, 110, 854	314, 110, 854	XXX	314, 110, 854							
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	27, 500, 339	27, 500, 339	0	27, 500, 339							
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	284, 079	284, 079	0	284, 079							
1.6a Community Benefit Expenditures (informational only) .....													0		0	0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	55, 572	55, 572	0	55, 572							
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	286, 270, 864	286, 270, 864	XXX	286, 270, 864							
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(63, 183, 179)	(63, 183, 179)	XXX	(63, 183, 179)							
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	XXX	0								
1.11 Risk Revenue .....													0	XXX	0								
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	223, 087, 685	223, 087, 685	XXX	223, 087, 685							
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	804, 586	804, 586	XXX	804, 586							
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	532, 429, 569	532, 429, 569	XXX	532, 429, 569							
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	295, 425, 764	295, 425, 764	XXX	295, 425, 764							
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	0								
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	17, 734	17, 734	XXX	17, 734							
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	237, 826, 125	237, 826, 125	XXX	237, 826, 125							
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(46, 623, 230)	(46, 623, 230)	XXX	(46, 623, 230)							
5.2 Other Adjustments due to MLR calculations - Claims .....													0	XXX	0								
5.3 Rebates paid .....											XXX	XXX	0	XXX	0								
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	XXX	0								
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	XXX	0								
5.6 Fee for service and co-pay revenue .....													0	XXX	0								
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	191, 202, 895	191, 202, 895	XXX	191, 202, 895							
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	2, 363, 269	2, 363, 269	850, 213	3, 213, 482							
6.2 Activities to prevent hospital readmissions .....													0		0	0							
6.3 Improve patient safety and reduce medical errors .....													0		0	0							
6.4 Wellness and health promotion activities .....													0		0	0							
6.5 Health Information Technology expenses related to health improvement .....													0		0	0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	2, 363, 269	2, 363, 269	850, 213	3, 213, 482							
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.839	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0		0	0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	5, 270, 974	5, 270, 974	2, 040, 512	7, 311, 486							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	5, 270, 974	5, 270, 974	2, 040, 512	7, 311, 486							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX							

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,347	.....2,347		.....2,347
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....7,766,684	.....7,766,684	.....0	.....7,766,684
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....16,819,395	.....16,819,395	.....7,118,065	.....23,937,460
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	24,588,426	24,588,426	7,118,065	31,706,491
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(337,879)	(337,879)	XXX	(10,346,669)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,375,799	10,375,799
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,384,628	XXX	14,384,628
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,046,749	XXX	14,413,758
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	412,001	412,001	77,892	489,893
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	412,001	412,001	77,892	489,893
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	4,897,583	4,897,583	934,265	5,831,848

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8								13
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	314,276,387	314,276,387			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,821,792	1,821,792			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	713,563	713,563			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,730,769	1,730,769			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(1,017,206)	(1,017,206)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	165,533	165,533			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	314,110,854	314,110,854			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(8,427)	(8,427)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(63,183,179)	(63,183,179)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(8,427)	(8,427)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	250,123,089	250,123,089			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	245,477,169	245,477,169			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	714,929	714,929			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	320,107	320,107			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,821,792	1,821,792			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	713,563	713,563			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,730,769	1,730,769			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	17,734	17,734			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	55,195	55,195			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	4,224	4,224			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	41,685	41,685			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	8,868,186	8,868,186			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	44,189,115	44,189,115			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	35,320,929	35,320,929			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	237,826,125	237,826,125			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(16,685)	(16,685)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(46,623,230)	(46,623,230)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(16,685)	(16,685)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	190,398,309	190,398,309			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

216-4.FL



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.FL



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group														
		Individual			Individual					Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)		Uninsured Plans	Total 13 + 14						
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	105,145,127	105,145,127	XXX	105,145,127						
1.2 Federal high risk pools .....														0	XXX		0						
1.3 State high risk pools .....														0	XXX		0						
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	105,145,127	105,145,127	XXX	105,145,127						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	(761,774)	(761,774)	0	(761,774)						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	95,092	95,092	0	95,092						
1.6a Community Benefit Expenditures (informational only) .....														0			0						
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	18,602	18,602	0	18,602						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	105,793,207	105,793,207	XXX	105,793,207						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(21,562,910)	(21,562,910)	XXX	(21,562,910)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX		0						
1.11 Risk Revenue .....														0	XXX		0						
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	84,230,297	84,230,297	XXX	84,230,297						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(2,182,732)	(2,182,732)	XXX	(2,182,732)						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	218,271,589	218,271,589	XXX	218,271,589						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	121,110,950	121,110,950	XXX	121,110,950						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX		0						
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	7,270	7,270	XXX	7,270						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0				0						
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	94,985,177	94,985,177	XXX	94,985,177						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(19,113,376)	(19,113,376)	XXX	(19,113,376)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX		0						
5.3 Rebates paid .....											XXX	XXX		0	XXX		0						
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX		0						
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX		0						
5.6 Fee for service and co-pay revenue .....														0	XXX		0						
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	75,871,801	75,871,801	XXX	75,871,801						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0		791,086	791,086	284,599	1,075,685						
6.2 Activities to prevent hospital readmissions .....														0			0						
6.3 Improve patient safety and reduce medical errors .....														0			0						
6.4 Wellness and health promotion activities .....														0			0						
6.5 Health Information Technology expenses related to health improvement .....														0			0						
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	791,086	791,086	284,599	1,075,685						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX		0.905	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0			0						
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	1,764,418	1,764,418	683,039	2,447,457						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	1,764,418	1,764,418	683,039	2,447,457						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX						

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.786	.786		.786
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,599,838	2,599,838	.0	2,599,838
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	5,630,164	5,630,164	2,382,693	8,012,857
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	8,230,788	8,230,788	2,382,693	10,613,481
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(2,427,796)	(2,427,796)	XXX	(5,778,127)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,473,183	3,473,183
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	434,416	XXX	434,416
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,993,380)	XXX	(1,870,528)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	180,125	180,125	14,546	194,671
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	180,125	180,125	14,546	194,671
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	2	2
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	2,143,916	2,143,916	174,509	2,318,424

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	105,201,620	105,201,620			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(1,431,672)	(1,431,672)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	243,522	243,522			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	994,582	994,582			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(751,060)	(751,060)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	56,493	56,493			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	105,145,127	105,145,127			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,068)	(3,068)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(21,562,910)	(21,562,910)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,068)	(3,068)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	85,764,949	85,764,949			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	92,213,976	92,213,976			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	293,088	293,088			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	208,241	208,241			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(1,431,672)	(1,431,672)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	243,522	243,522			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	994,582	994,582			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	7,270	7,270			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	32,653	32,653			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,732	1,732			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	27,115	27,115			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(4,861,816)	(4,861,816)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	18,115,501	18,115,501			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	22,977,317	22,977,317			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	94,985,177	94,985,177			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(6,188)	(6,188)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(19,113,376)	(19,113,376)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(6,188)	(6,188)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	78,054,533	78,054,533			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Georgia		DURING THE YEAR				(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....38	.....38		.....38
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	126,843	126,843	.....0	126,843
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	274,690	274,690	116,262	390,952
10.4a Community Benefit Expenditures (informational only) .....													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	401,571	401,571	116,262	517,833
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	( 105,831)	( 105,831)	XXX	(269,308)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169,471	169,471
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,451	XXX	20,451
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(85,380)	XXX	(79,386)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	8,371	8,371	39,579	47,950
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	8,371	8,371	39,579	47,950
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	102,084	102,084	468,837	570,921

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	5,132,678	5,132,678		
1.2 Unearned premium prior year															0		
1.3 Unearned premium current year															0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	963,049	963,049		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	9,522	9,522		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	35,832	35,832		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(26,310)	(26,310)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	2,209	2,209		
1.10 Group conversion charge															0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	5,130,469	5,130,469		
1.12 Assumed premiums earned from non-affiliates															0		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(843,164)	(843,164)		
1.14 Ceded premiums earned to non-affiliates															0		
1.15 Other Adjustments due to MLR calculation - Premiums															0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	3,350,566	3,350,566		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	3,500,753	3,500,753		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	11,055	11,055		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	7,650	7,650		
2.4 Direct claim reserves current year															0		
2.5 Direct claim reserves prior year															0		
2.6 Direct contract reserves current year															0		
2.7 Direct contract reserves prior year															0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	963,049	963,049		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	9,522	9,522		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	35,832	35,832		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	274	274		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	1,203	1,203		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	65	65		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	994	994		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(160,565)	(160,565)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	683,284	683,284		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	843,849	843,849		
2.13 Group conversion charge															0		
2.14 Multi-option coverage blended rate adjustment															0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	4,601,736	4,601,736		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(55)	(55)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(720,922)	(720,922)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(55)	(55)		
2.19 Other adjustments due to MLR calculation - Claims															0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	2,944,075	2,944,075		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR						(LOCATION)											
0001		Idaho		2018						NAIC Company Code 12575											
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9	10	11	12	13	14	15						
		1	2	3	4	5	6	7	8												
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14					
1. Premium:																					
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	15,451,951	15,451,951	XXX	15,451,951					
1.2 Federal high risk pools .....													0	0	XXX	0					
1.3 State high risk pools .....													0	0	XXX	0					
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	15,451,951	15,451,951	XXX	15,451,951					
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	851,056	851,056	0	851,056					
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....		0	0	0	0	0	0	0	0	0	0	0	13,975	13,975	0	13,975					
1.6a Community Benefit Expenditures (informational only) .....													0	0		0					
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	2,734	2,734	0	2,734					
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	14,584,186	14,584,186	XXX	14,584,186					
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(3,014,738)	(3,014,738)	XXX	(3,014,738)					
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	0	XXX	0					
1.11 Risk Revenue .....													0	0	XXX	0					
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	11,569,448	11,569,448	XXX	11,569,448					
2. Claims:																					
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	441,945	441,945	XXX	441,945					
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	25,865,880	25,865,880	XXX	25,865,880					
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	14,352,034	14,352,034	XXX	14,352,034					
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	0	XXX	0					
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	862	862	XXX	862					
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0		0					
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	11,956,653	11,956,653	XXX	11,956,653					
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(2,264,996)	(2,264,996)	XXX	(2,264,996)					
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0					
5.3 Rebates paid .....											XXX	XXX	0	0	XXX	0					
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	0	XXX	0					
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	0	XXX	0					
5.6 Fee for service and co-pay revenue .....													0	0	XXX	0					
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	9,691,657	9,691,657	XXX	9,691,657					
6. Improving Health Care Quality Expenses Incurred:																					
6.1 Improve health outcomes .....											0	0	116,254	116,254	41,824	158,078					
6.2 Activities to prevent hospital readmissions .....													0	0		0					
6.3 Improve patient safety and reduce medical errors .....													0	0		0					
6.4 Wellness and health promotion activities .....													0	0		0					
6.5 Health Information Technology expenses related to health improvement .....													0	0		0					
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	116,254	116,254	41,824	158,078					
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.828	XXX	XXX	XXX					
8. Claims Adjustment Expenses:																					
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0		0					
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	259,289	259,289	100,378	359,667					
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	259,289	259,289	100,378	359,667					
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX					

216-1.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....115	.....115	.....115	
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....382,058	.....382,058	.....382,058	
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....827,378	.....827,378	.....827,378	
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0	.....0	
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,209,551	1,209,551	1,559,708	
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	292,697	292,697	(199,662)	
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	510,413	510,413	
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,249	XXX	61,249	
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	353,946	XXX	372,000	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)												0		0	
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)												0		0	
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	22,418	22,418	1,791	24,209	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	22,418	22,418	1,791	24,209	
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	1	1	
4.	Member Months	0	0	0	0	0	0	0	0	0	0	265,270	265,270	21,659	286,929	

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Idaho		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	15,459,849	15,459,849			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	551,313	551,313			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	34,047	34,047			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	143,415	143,415			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(109,368)	(109,368)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	7,898	7,898			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	15,451,951	15,451,951			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(141)	(141)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,014,738)	(3,014,738)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(141)	(141)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	11,995,268	11,995,268			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	11,074,486	11,074,486			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	34,732	34,732			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	23,335	23,335			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	551,313	551,313			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	34,047	34,047			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	143,415	143,415			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	862	862			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	3,695	3,695			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	205	205			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	3,038	3,038			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(427,963)	(427,963)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	2,146,745	2,146,745			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	2,574,708	2,574,708			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	11,956,653	11,956,653			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(458)	(458)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,264,996)	(2,264,996)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(458)	(458)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	9,249,712	9,249,712			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Idaho		DURING THE YEAR				(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.ID

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses: 4.1 Salaries (including \$ ..... for affiliated services) ..... 4.2 Outsourced Services ..... 4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) ..... 4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) ..... 4.5 Accreditation and Certification (incl \$ ..... for affiliated services) ..... 4.6 Other Expenses (incl \$ ..... for affiliated services) ..... 4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) ..... 4.8 Reimbursements by uninsured plans and fiscal intermediaries ..... 4.9 Taxes, Licenses and Fees (in total, for tying purposes) ..... 4.10 Total (4.7 to 4.9) ..... 4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses: 5.1 Salaries (including \$ ..... for affiliated services) ..... 5.2 Outsourced Services ..... 5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) ..... 5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) ..... 5.5 Accreditation and Certification (incl \$ ..... for affiliated services) ..... 5.6 Other Expenses (incl \$ ..... for affiliated services) ..... 5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) ..... 5.8 Reimbursements by uninsured plans and fiscal intermediaries ..... 5.9 Taxes, Licenses and Fees (in total, for tying purposes) ..... 5.10 Total (5.7 to 5.9) ..... 5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	NONE									
6.	Large Group Mini-Med Plans Expenses: 6.1 Salaries (including \$ ..... for affiliated services) ..... 6.2 Outsourced Services ..... 6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) ..... 6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) ..... 6.5 Accreditation and Certification (incl \$ ..... for affiliated services) ..... 6.6 Other Expenses (incl \$ ..... for affiliated services) ..... 6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) ..... 6.8 Reimbursements by uninsured plans and fiscal intermediaries ..... 6.9 Taxes, Licenses and Fees (in total, for tying purposes) ..... 6.10 Total (6.7 to 6.9) ..... 6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code	0001	BUSINESS IN THE STATE OF		Illinois		DURING THE YEAR					2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9	10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7	8									
										Individual	Small Group Employer							
1. Premium:													Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104,633,842	104,633,842	XXX	104,633,842
1.2 Federal high risk pools															0	0	XXX	0
1.3 State high risk pools															0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104,633,842	104,633,842	XXX	104,633,842
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,473,233	2,473,233	0	2,473,233
1.6 State insurance, premium and other taxes (Similar local taxes of \$ 0 )	0	0	0	0	0	0	0	0	0	0	0	0	0	0	94,630	94,630	0	94,630
1.6a Community Benefit Expenditures (informational only)															0	0		0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,512	18,512	0	18,512
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	102,047,467	102,047,467	XXX	102,047,467
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(21,126,964)	(21,126,964)	XXX	(21,126,964)
1.10 Other Adjustments due to MLR calculations - Premiums															0	0	XXX	0
1.11 Risk Revenue															0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	80,920,503	80,920,503	XXX	80,920,503
2. Claims:																		
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(526,321)	(526,321)	XXX	(526,321)
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	198,371,376	198,371,376	XXX	198,371,376
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	110,069,047	110,069,047	XXX	110,069,047
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)															0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,607	6,607	XXX	6,607
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	87,782,615	87,782,615	XXX	87,782,615
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,370,775)	(17,370,775)	XXX	(17,370,775)
5.2 Other Adjustments due to MLR calculations - Claims															0	0	XXX	0
5.3 Rebates paid													XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year													XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year													XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue															0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,411,840	70,411,840	XXX	70,411,840
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes													0	0	787,233	787,233	283,216	1,070,449
6.2 Activities to prevent hospital readmissions															0	0		0
6.3 Improve patient safety and reduce medical errors															0	0		0
6.4 Wellness and health promotion activities															0	0		0
6.5 Health Information Technology expenses related to health improvement															0	0		0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	787,233	787,233	283,216	1,070,449
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.868	XXX	XXX	XXX
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															0	0		0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,755,824	1,755,824	679,717	2,435,541
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,755,824	1,755,824	679,717	2,435,541
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX

216-1.1L



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....782	.....782		.....782
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	2,587,175	2,587,175	.....0	2,587,175
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	5,602,740	5,602,740	2,371,107	7,973,847
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	8,190,697	8,190,697	2,371,107	10,561,804
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(225,091)	(225,091)	XXX	(3,559,131)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,456,295	3,456,295
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	412,001	XXX	412,001
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186,910	XXX	309,165
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	177,890	177,890	30,966	208,856
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	177,890	177,890	30,966	208,856
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	11	11
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	2,104,174	2,104,174	376,488	2,480,662

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Illinois		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	104,689,192	104,689,192			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	211,749	211,749			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	238,599	238,599			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	976,669	976,669			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(738,070)	(738,070)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	55,350	55,350			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	104,633,842	104,633,842			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,642)	(5,642)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(21,126,964)	(21,126,964)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,642)	(5,642)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	84,033,199	84,033,199			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	85,515,176	85,515,176			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	266,366	266,366			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	173,628	173,628			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	211,749	211,749			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	238,599	238,599			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	976,669	976,669			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	6,607	6,607			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	27,643	27,643			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,574	1,574			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	22,610	22,610			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(2,694,415)	(2,694,415)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	16,463,878	16,463,878			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	19,158,293	19,158,293			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	87,782,615	87,782,615			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,404)	(7,404)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(17,370,775)	(17,370,775)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,404)	(7,404)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	70,938,161	70,938,161			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Illinois		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.1L







SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15								
		Mini-Med Plans																							
		1	2	3	4	5	6	7	8																
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14									
1.	Premium:																								
1.1	Health premiums earned (From Part 2, Line 1.11) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.69,522,648	.69,522,648	XXX	.69,522,648									
1.2	Federal high risk pools .....												.0	.0	XXX	.0									
1.3	State high risk pools .....												.0	.0	XXX	.0									
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.69,522,648	.69,522,648	XXX	.69,522,648									
1.5	Federal taxes and federal assessments .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(2,787,560)	(2,787,560)	.0	(2,787,560)									
1.6	State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.62,876	.62,876	.0	.62,876									
1.6a	Community Benefit Expenditures (informational only) .....												.0	.0		.0									
1.7	Regulatory authority licenses and fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.12,300	.12,300	.0	.12,300									
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.72,235,032	.72,235,032	XXX	.72,235,032									
1.9	Net Assumed less Ceded reinsurance premiums earned .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(14,077,792)	(14,077,792)	XXX	(14,077,792)									
1.10	Other Adjustments due to MLR calculations - Premiums .....												.0	.0	XXX	.0									
1.11	Risk Revenue .....												.0	.0	XXX	.0									
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....	0	0	0	0	0	0	0	0	0	0	0	58,157,240	58,157,240	XXX	58,157,240									
2.	Claims:																								
2.1	Incurred claims excluding prescription drugs .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(541,209)	(541,209)	XXX	(541,209)									
2.2	Prescription drugs .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.152,938,664	.152,938,664	XXX	.152,938,664									
2.3	Pharmaceutical rebates .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.84,860,091	.84,860,091	XXX	.84,860,091									
2.4	State stop loss, market stabilization and claim/census based assessments (informational only) .....												.0	.0	XXX	.0									
3.	Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	5,094	5,094	XXX	5,094									
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....	0	0	0	0	0	0	0	0	0	0	0	.0	.0		.0									
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.67,542,458	.67,542,458	XXX	.67,542,458									
5.1	Net Assumed less Ceded reinsurance claims incurred .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(13,392,372)	(13,392,372)	XXX	(13,392,372)									
5.2	Other Adjustments due to MLR calculations - Claims .....												.0	.0	XXX	.0									
5.3	Rebates paid .....										XXX	XXX	.0	.0	XXX	.0									
5.4	Estimated rebates unpaid prior year .....										XXX	XXX	.0	.0	XXX	.0									
5.5	Estimated rebates unpaid current year .....										XXX	XXX	.0	.0	XXX	.0									
5.6	Fee for service and co-pay revenue .....												.0	.0	XXX	.0									
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....	0	0	0	0	0	0	0	0	0	0	0	54,150,086	54,150,086	XXX	54,150,086									
6.	Improving Health Care Quality Expenses Incurred:																								
6.1	Improve health outcomes .....										.0	.0	.523,068	.523,068	.188,179	.711,247									
6.2	Activities to prevent hospital readmissions .....												.0	.0		.0									
6.3	Improve patient safety and reduce medical errors .....												.0	.0		.0									
6.4	Wellness and health promotion activities .....												.0	.0		.0									
6.5	Health Information Technology expenses related to health improvement .....												.0	.0		.0									
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....	0	0	0	0	0	0	0	0	0	0	0	523,068	523,068	188,179	711,247									
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.942	XXX	XXX	XXX									
8.	Claims Adjustment Expenses:																								
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6 .....												.0	.0		.0									
8.2	All other claims adjustment expenses .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1,166,637	.1,166,637	.451,630	.1,618,267									
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2) .....	0	0	0	0	0	0	0	0	0	0	0	1,166,637	1,166,637	451,630	1,618,267									
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	XXX	XXX	XXX									

216-1.IN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.519	.519		.519
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,719,018	1,719,018	.0	1,719,018
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,722,676	3,722,676	1,575,452	5,298,128
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	5,442,213	5,442,213	1,575,452	7,017,665
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(3,124,764)	(3,124,764)	XXX	(5,340,025)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,296,492	2,296,492
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	272,561	XXX	272,561
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,852,203)	XXX	(2,770,972)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	114,941	114,941	14,337	129,278
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	114,941	114,941	14,337	129,278
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,365,804	1,365,804	165,525	1,531,329

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575		
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		
		Mini-Med Plans																
		1	2	3	4	5	6	7	8	9								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13	
																	Total (a)	
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,559,530	69,559,530	
1.2 Unearned premium prior year																	0	
1.3 Unearned premium current year																	0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(58,222)	(58,222)	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	158,988	158,988	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	641,975	641,975	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(482,987)	(482,987)	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	36,882	36,882	
1.10 Group conversion charge																	0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,522,648	69,522,648	
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,628)	(4,628)	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,077,792)	(14,077,792)	
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,628)	(4,628)	
1.15 Other Adjustments due to MLR calculation - Premiums																	0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	55,986,065	55,986,065	
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	66,257,825	66,257,825	
2.2 Direct claim liability current year			0	0	0	0	0	0	0	0	0	0	0	0	0	205,361	205,361	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	130,862	130,862	
2.4 Direct claim reserves current year																	0	
2.5 Direct claim reserves prior year																	0	
2.6 Direct contract reserves current year																	0	
2.7 Direct contract reserves prior year																	0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(58,222)	(58,222)	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	158,988	158,988	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	641,975	641,975	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,094	5,094	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	20,922	20,922	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,213	1,213	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,041	17,041	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,746,249)	(1,746,249)	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,693,180	12,693,180	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	14,439,429	14,439,429	
2.13 Group conversion charge																	0	
2.14 Multi-option coverage blended rate adjustment																	0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	67,542,458	67,542,458	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(6,187)	(6,187)	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,392,372)	(13,392,372)	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(6,187)	(6,187)	
2.19 Other adjustments due to MLR calculation - Claims																	0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	54,691,295	54,691,295	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Indiana		DURING THE YEAR				(LOCATION) 2018 NAIC Company Code			
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1  Improve Health Outcomes	2  Activities to Prevent Hospital Readmissions	3  Improve Patient Safety and Reduce Medical Errors	4  Wellness & Health Promotion Activities	5  HIT Expenses	6  Total (1 to 5)	7  Cost Containment Expenses	8  Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Iowa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15								
		Mini-Med Plans																							
		1	2	3	4	5	6	7	8																
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14									
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	42,763,482	42,763,482	XXX	42,763,482									
1.2 Federal high risk pools .....														0	XXX	0									
1.3 State high risk pools .....														0	XXX	0									
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	42,763,482	42,763,482	XXX	42,763,482									
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	2,021,477	2,021,477	0	2,021,477									
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	38,675	38,675	0	38,675									
1.6a Community Benefit Expenditures (informational only) .....														0		0									
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	7,566	7,566	0	7,566									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	40,695,764	40,695,764	XXX	40,695,764									
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(8,654,998)	(8,654,998)	XXX	(8,654,998)									
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0									
1.11 Risk Revenue .....														0	XXX	0									
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	32,040,766	32,040,766	XXX	32,040,766									
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(325,575)	(325,575)	XXX	(325,575)									
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	81,022,270	81,022,270	XXX	81,022,270									
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	44,956,305	44,956,305	XXX	44,956,305									
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX	0									
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	2,699	2,699	XXX	2,699									
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0				0		0									
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	35,743,089	35,743,089	XXX	35,743,089									
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(7,094,873)	(7,094,873)	XXX	(7,094,873)									
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0									
5.3 Rebates paid .....											XXX	XXX		0	XXX	0									
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX	0									
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX	0									
5.6 Fee for service and co-pay revenue .....														0	XXX	0									
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	28,648,216	28,648,216	XXX	28,648,216									
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....											0	0	321,740	321,740	115,749	437,489									
6.2 Activities to prevent hospital readmissions .....														0		0									
6.3 Improve patient safety and reduce medical errors .....														0		0									
6.4 Wellness and health promotion activities .....														0		0									
6.5 Health Information Technology expenses related to health improvement .....														0		0									
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	321,740	321,740	115,749	437,489									
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.886	XXX	XXX	XXX									
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0		0									
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	717,600	717,600	277,798	995,398									
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	717,600	717,600	277,798	995,398									
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX									

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.319	.319		.319
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,057,370	1,057,370	.0	1,057,370
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,289,823	2,289,823	969,063	3,258,886
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	3,347,512	3,347,512	969,063	4,316,575
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(994,302)	(994,302)	XXX	(2,356,912)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,412,575	1,412,575
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,749,603	XXX	1,749,603
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	755,301	XXX	805,266
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	59,673	59,673	3,172	62,845
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	59,673	59,673	3,172	62,845
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	713,358	713,358	43,292	756,650

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

[illegible]

(a) Column 13, Line 1.1 includes direct written premium of \$ ..... for stand-alone dental and \$ ..... for stand-alone vision policies.

216-3.1A

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Iowa		DURING THE YEAR				(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.1A

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]







SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15								
		Mini-Med Plans																							
		1	2	3	4	5	6	7	8																
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14									
1.	Premium:																								
1.1	Health premiums earned (From Part 2, Line 1.11) .....	0	0	0	0	0	0	0	0	0	0	0	40,443,930	40,443,930	XXX	40,443,930									
1.2	Federal high risk pools .....													0	XXX	0									
1.3	State high risk pools .....													0	XXX	0									
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....	0	0	0	0	0	0	0	0	0	0	0	40,443,930	40,443,930	XXX	40,443,930									
1.5	Federal taxes and federal assessments .....	0	0	0	0	0	0	0	0	0	0	0	(331,750)	(331,750)	0	(331,750)									
1.6	State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....	0	0	0	0	0	0	0	0	0	0	0	36,577	36,577	0	36,577									
1.6a	Community Benefit Expenditures (informational only) .....													0		0									
1.7	Regulatory authority licenses and fees .....	0	0	0	0	0	0	0	0	0	0	0	7,155	7,155	0	7,155									
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....	0	0	0	0	0	0	0	0	0	0	0	40,731,948	40,731,948	XXX	40,731,948									
1.9	Net Assumed less Ceded reinsurance premiums earned .....	0	0	0	0	0	0	0	0	0	0	0	(8,182,282)	(8,182,282)	XXX	(8,182,282)									
1.10	Other Adjustments due to MLR calculations - Premiums .....													0	XXX	0									
1.11	Risk Revenue .....													0	XXX	0									
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....	0	0	0	0	0	0	0	0	0	0	0	32,549,666	32,549,666	XXX	32,549,666									
2.	Claims:																								
2.1	Incurred claims excluding prescription drugs .....	0	0	0	0	0	0	0	0	0	0	0	(267,206)	(267,206)	XXX	(267,206)									
2.2	Prescription drugs .....	0	0	0	0	0	0	0	0	0	0	0	82,822,493	82,822,493	XXX	82,822,493									
2.3	Pharmaceutical rebates .....	0	0	0	0	0	0	0	0	0	0	0	45,955,183	45,955,183	XXX	45,955,183									
2.4	State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	0									
3.	Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	2,759	2,759	XXX	2,759									
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....	0	0	0	0	0	0	0	0	0				0		0									
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....	0	0	0	0	0	0	0	0	0	0	0	36,602,863	36,602,863	XXX	36,602,863									
5.1	Net Assumed less Ceded reinsurance claims incurred .....	0	0	0	0	0	0	0	0	0	0	0	(7,252,513)	(7,252,513)	XXX	(7,252,513)									
5.2	Other Adjustments due to MLR calculations - Claims .....													0	XXX	0									
5.3	Rebates paid .....										XXX	XXX		0	XXX	0									
5.4	Estimated rebates unpaid prior year .....										XXX	XXX		0	XXX	0									
5.5	Estimated rebates unpaid current year .....										XXX	XXX		0	XXX	0									
5.6	Fee for service and co-pay revenue .....													0	XXX	0									
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....	0	0	0	0	0	0	0	0	0	0	0	29,350,350	29,350,350	XXX	29,350,350									
6.	Improving Health Care Quality Expenses Incurred:																								
6.1	Improve health outcomes .....										0	0	304,288	304,288	109,471	413,759									
6.2	Activities to prevent hospital readmissions .....													0		0									
6.3	Improve patient safety and reduce medical errors .....													0		0									
6.4	Wellness and health promotion activities .....													0		0									
6.5	Health Information Technology expenses related to health improvement .....													0		0									
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....	0	0	0	0	0	0	0	0	0	0	0	304,288	304,288	109,471	413,759									
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.906	XXX	XXX	XXX									
8.	Claims Adjustment Expenses:																								
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0		0									
8.2	All other claims adjustment expenses .....	0	0	0	0	0	0	0	0	0	0	0	678,676	678,676	262,730	941,406									
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2) .....	0	0	0	0	0	0	0	0	0	0	0	678,676	678,676	262,730	941,406									
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX									

216-1.KS

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....302	.....302		.....302
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,000,017	.....1,000,017	.....0	.....1,000,017
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....2,165,619	.....2,165,619	.....916,500	.....3,082,119
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	3,165,938	3,165,938	916,500	4,082,438
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(949,586)	(949,586)	XXX	(2,238,287)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,335,956	1,335,956
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156,816	XXX	156,816
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(792,770)	XXX	(745,515)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	70,557	70,557	5,009	75,566
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	70,557	70,557	5,009	75,566
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	833,091	833,091	60,187	893,278

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575			
												10		11		12		13	
																Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
																Total (a)			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-KS

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Kansas		DURING THE YEAR				(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]







SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	0	447	447		447
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	0	1,479,184	1,479,184	0	1,479,184
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												0	0		0
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	0	3,203,295	3,203,295	1,355,648	4,558,943
10.4a Community Benefit Expenditures (informational only) .....												0	0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,682,926	4,682,926	1,355,648	6,038,574
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,575,407)	(1,575,407)	XXX	(3,481,599)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,976,090	1,976,090
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	233,722	XXX	233,722
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,341,685)	XXX	(1,271,787)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	92,571	92,571	7,077	99,648
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	92,571	92,571	7,077	99,648
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,111,526	1,111,526	85,758	1,197,284

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
		Mini-Med Plans																	
		1	2	3	4	5	6	7	8										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	59,854,717	59,854,717					
1.2 Unearned premium prior year													0	0					
1.3 Unearned premium current year													0	0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(51,791)	(51,791)					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	136,810	136,810					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	561,582	561,582					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(424,772)	(424,772)					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	31,737	31,737					
1.10 Group conversion charge													0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	59,822,980	59,822,980					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(815)	(815)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(12,114,028)	(12,114,028)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(815)	(815)					
1.15 Other Adjustments due to MLR calculation - Premiums													0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	48,185,515	48,185,515					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	53,087,295	53,087,295					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	166,349	166,349					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	111,340	111,340					
2.4 Direct claim reserves current year													0	0					
2.5 Direct claim reserves prior year													0	0					
2.6 Direct contract reserves current year													0	0					
2.7 Direct contract reserves prior year													0	0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(51,791)	(51,791)					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	136,810	136,810					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	561,582	561,582					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	4,126	4,126					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	17,642	17,642					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	983	983					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	14,499	14,499					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(2,003,547)	(2,003,547)					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	10,281,887	10,281,887					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	12,285,434	12,285,434					
2.13 Group conversion charge													0	0					
2.14 Multi-option coverage blended rate adjustment													0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	54,673,414	54,673,414					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,700)	(2,700)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(10,848,255)	(10,848,255)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,700)	(2,700)					
2.19 Other adjustments due to MLR calculation - Claims													0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	44,301,722	44,301,722					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-KY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR		2018		(LOCATION) NAIC Company Code													
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10									
				1		2		3		4		5		6		7		8		9		10	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses		Other Claims Adjustment Expenses		General Administrative Expenses		Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																						
	1.1 Salaries (including \$ ..... for affiliated services) .....																						
	1.2 Outsourced Services .....																						
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....																						
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....																						
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....																						
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....																						
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....																						
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....																						
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																						
	1.10 Total (1.7 to 1.9) .....																						
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																						
2.	Small Group Comprehensive Coverage Expenses:																						
	2.1 Salaries (including \$ ..... for affiliated services) .....																						
	2.2 Outsourced Services .....																						
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....																						
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....																						
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....																						
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....																						
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....																						
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....																						
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																						
	2.10 Total (2.7 to 2.9) .....																						
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																						
3.	Large Group Comprehensive Coverage Expenses:																						
	3.1 Salaries (including \$ ..... for affiliated services) .....																						
	3.2 Outsourced Services .....																						
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....																						
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....																						
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....																						
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....																						
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....																						
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....																						
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....																						
	3.10 Total (3.7 to 3.9) .....																						
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)																						

216-4.KY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.KY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.KY



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Louisiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	65,453,936	65,453,936	XXX	65,453,936							
1.2 Federal high risk pools .....													0	0	XXX	0							
1.3 State high risk pools .....													0	0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	65,453,936	65,453,936	XXX	65,453,936							
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	3,842,227	3,842,227	0	3,842,227							
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	59,196	59,196	0	59,196							
1.6a Community Benefit Expenditures (informational only) .....													0	0		0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	11,580	11,580	0	11,580							
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	61,540,933	61,540,933	XXX	61,540,933							
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(14,083,831)	(14,083,831)	XXX	(14,083,831)							
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	0	XXX	0							
1.11 Risk Revenue .....													0	0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	47,457,102	47,457,102	XXX	47,457,102							
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(4,609,670)	(4,609,670)	XXX	(4,609,670)							
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	131,274,670	131,274,670	XXX	131,274,670							
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	72,839,530	72,839,530	XXX	72,839,530							
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	4,372	4,372	XXX	4,372							
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0		0							
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	53,829,842	53,829,842	XXX	53,829,842							
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(11,495,321)	(11,495,321)	XXX	(11,495,321)							
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0							
5.3 Rebates paid .....											XXX	XXX	0	0	XXX	0							
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	0	XXX	0							
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	0	XXX	0							
5.6 Fee for service and co-pay revenue .....													0	0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	42,334,521	42,334,521	XXX	42,334,521							
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	492,472	492,472	177,166	669,638							
6.2 Activities to prevent hospital readmissions .....													0	0		0							
6.3 Improve patient safety and reduce medical errors .....													0	0		0							
6.4 Wellness and health promotion activities .....													0	0		0							
6.5 Health Information Technology expenses related to health improvement .....													0	0		0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	492,472	492,472	177,166	669,638							
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.883	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0		0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	1,098,398	1,098,398	425,199	1,523,597							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,098,398	1,098,398	425,199	1,523,597							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX							

216-1.LA

216-2-LA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....489	.....489		.....489
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,618,469	1,618,469	.....0	1,618,469
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	3,504,928	3,504,928	1,483,251	4,988,179
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	5,123,886	5,123,886	1,483,251	6,607,137
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,592,175)	(1,592,175)	XXX	(3,677,791)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,162,093	2,162,093
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,250,800	XXX	3,250,800
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,658,625	XXX	1,735,102
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	96,495	96,495	4,907	101,402
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	96,495	96,495	4,907	101,402
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,155,947	1,155,947	59,203	1,215,150

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Louisiana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
					Mini-Med Plans					Student Health Plans							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	65,490,834	65,490,834		
1.2 Unearned premium prior year															0		
1.3 Unearned premium current year															0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(4,156,782)	(4,156,782)		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	159,057	159,057		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	611,945	611,945		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(452,888)	(452,888)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	36,898	36,898		
1.10 Group conversion charge															0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	65,453,936	65,453,936		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,589)	(1,589)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(14,083,831)	(14,083,831)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,589)	(1,589)		
1.15 Other Adjustments due to MLR calculation - Premiums															0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	55,979,775	55,979,775		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	55,540,995	55,540,995		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	176,272	176,272		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	124,501	124,501		
2.4 Direct claim reserves current year															0		
2.5 Direct claim reserves prior year															0		
2.6 Direct contract reserves current year															0		
2.7 Direct contract reserves prior year															0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(4,156,782)	(4,156,782)		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	159,057	159,057		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	611,945	611,945		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	4,372	4,372		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	19,543	19,543		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	1,041	1,041		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	16,212	16,212		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(2,842,374)	(2,842,374)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	10,895,171	10,895,171		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	13,737,545	13,737,545		
2.13 Group conversion charge															0		
2.14 Multi-option coverage blended rate adjustment															0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	53,829,842	53,829,842		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,542)	(3,542)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(11,495,321)	(11,495,321)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,542)	(3,542)		
2.19 Other adjustments due to MLR calculation - Claims															0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	46,944,191	46,944,191		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-LA



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.LA



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.LA



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.59	.59		.59	
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	195,584	195,584	.0	195,584	
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.0		.0	
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	423,553	423,553	179,254	602,807	
	10.4a Community Benefit Expenditures (informational only) .....												.0		.0	
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	619,196	619,196	179,254	798,450	
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	(4,748)	(4,748)	XXX	(256,799)	
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	261,293	261,293	
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,520	XXX	34,520	
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0	
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,772	XXX	39,014	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)												0		0	
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)												0		0	
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	11,864	11,864	3,166	15,030	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	11,864	11,864	3,166	15,030	
3.	Number of Groups	XXX			XXX								0		0	
4.	Member Months	0	0	0	0	0	0	0	0	0	0	138,013	138,013	37,444	175,457	

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Maine		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575					
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans:		9		10		11		12		13	
		1	2	3	4	5	6	7	8	9											
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Total (a)			
1. Health Premiums Earned:																					
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,914,238	7,914,238			
1.2 Unearned premium prior year																				0	
1.3 Unearned premium current year																				0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	384,910	384,910			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,195	17,195			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62,568	62,568			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(45,373)	(45,373)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,989	3,989			
1.10 Group conversion charge																				0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,910,249	7,910,249			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(79)	(79)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,522,547)	(1,522,547)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(79)	(79)			
1.15 Other Adjustments due to MLR calculation - Premiums																				0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,048,165	6,048,165			
2. Direct Claims Incurred:																					
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,222,473	6,222,473			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,860	18,860			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,760	10,760			
2.4 Direct claim reserves current year																				0	
2.5 Direct claim reserves prior year																				0	
2.6 Direct contract reserves current year																				0	
2.7 Direct contract reserves prior year																				0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	384,910	384,910			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,195	17,195			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62,568	62,568			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	468	468			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,758	1,758			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	111	111			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,401	1,401			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(21,521)	(21,521)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,165,697	1,165,697			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,187,218	1,187,218			
2.13 Group conversion charge																				0	
2.14 Multi-option coverage blended rate adjustment																				0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,592,099	6,592,099			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(596)	(596)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,229,908)	(1,229,908)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(596)	(596)			
2.19 Other adjustments due to MLR calculation - Claims																				0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,022,654	5,022,654			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																					

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3 ME

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Maine		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

216-4.ME

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	0	0	0	0	0	0	0	0	0	0	0	437	437		437
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	0	1,445,306	1,445,306	0	1,445,306
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												0	0		0
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	0	3,129,930	3,129,930	1,324,615	4,454,545
10.4a Community Benefit Expenditures (informational only) .....												0	0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,575,673	4,575,673	1,324,615	5,900,288
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	1,707,933	1,707,933	XXX	(154,623)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,930,853	1,930,853
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232,830	XXX	232,830
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,940,763	XXX	2,009,060
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	77,601	77,601	88,120	165,721
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	77,601	77,601	88,120	165,721
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	1	1	15	16
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	918,658	918,658	1,045,524	1,964,182

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Maryland		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		12575					
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		13	
					Mini-Med Plans											Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
		1	2	3	4	5	6	7	8	9									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business				Total (a)			
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	58,483,865	58,483,865					
1.2 Unearned premium prior year														0					
1.3 Unearned premium current year														0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,222,362	1,222,362					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	130,770	130,770					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	489,211	489,211					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(358,441)	(358,441)					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	30,336	30,336					
1.10 Group conversion charge														0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	58,453,529	58,453,529					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,083)	(5,083)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,579,167)	(11,579,167)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,083)	(5,083)					
1.15 Other Adjustments due to MLR calculation - Premiums														0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	46,010,441	46,010,441					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	40,690,454	40,690,454					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	128,146	128,146					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	87,643	87,643					
2.4 Direct claim reserves current year														0					
2.5 Direct claim reserves prior year														0					
2.6 Direct contract reserves current year														0					
2.7 Direct contract reserves prior year														0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,222,362	1,222,362					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	130,770	130,770					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	489,211	489,211					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	3,179	3,179					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	13,838	13,838					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	757	757					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	11,416	11,416					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(1,750,342)	(1,750,342)					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	7,920,594	7,920,594					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	9,670,936	9,670,936					
2.13 Group conversion charge														0					
2.14 Multi-option coverage blended rate adjustment														0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	43,348,399	43,348,399					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,633)	(5,633)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(8,356,893)	(8,356,893)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,633)	(5,633)					
2.19 Other adjustments due to MLR calculation - Claims														0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	34,127,585	34,127,585					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)															0				

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.2 Federal high risk pools .....																							
1.3 State high risk pools .....																							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6a Community Benefit Expenditures (informational only) .....																							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....																							
1.11 Risk Revenue .....																							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Other Adjustments due to MLR calculations - Claims .....																							
5.3 Rebates paid .....																							
5.4 Estimated rebates unpaid prior year .....																							
5.5 Estimated rebates unpaid current year .....																							
5.6 Fee for service and co-pay revenue .....																							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																							
6.2 Activities to prevent hospital readmissions .....																							
6.3 Improve patient safety and reduce medical errors .....																							
6.4 Wellness and health promotion activities .....																							
6.5 Health Information Technology expenses related to health improvement .....																							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....739	.....739		.....739
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	2,447,422	2,447,422	.....0	2,447,422
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	5,300,094	5,300,094	2,243,024	7,543,118
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	7,748,255	7,748,255	2,243,024	9,991,279
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	3,689,806	3,689,806	XXX	535,865
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,269,592	3,269,592
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388,091	XXX	388,091
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4,077,897	XXX	4,193,548
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	115,656	115,656	97,767	213,423
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	115,656	115,656	97,767	213,423
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	2	2
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,421,677	1,421,677	1,127,749	2,549,426

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	99,034,151	99,034,151			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,923	1,923			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	226,163	226,163			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	952,428	952,428			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(726,265)	(726,265)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	52,466	52,466			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	98,981,685	98,981,685			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,808)	(2,808)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(20,025,857)	(20,025,857)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,808)	(2,808)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	79,680,170	79,680,170			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	67,427,282	67,427,282			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	216,216	216,216			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	159,114	159,114			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,923	1,923			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	226,163	226,163			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	952,428	952,428			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	5,363	5,363			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	24,807	24,807			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,278	1,278			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	20,722	20,722			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(4,192,884)	(4,192,884)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	13,364,152	13,364,152			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	17,557,036	17,557,036			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	70,958,289	70,958,289			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,846)	(5,846)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(14,100,304)	(14,100,304)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,846)	(5,846)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	57,582,327	57,582,327			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Massachusetts		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Michigan		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15	
					Mini-Med Plans												
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group								
		Individual			Individual					Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	79,977,764	79,977,764	XXX	79,977,764	
1.2 Federal high risk pools .....													0	0	XXX	0	
1.3 State high risk pools .....													0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	79,977,764	79,977,764	XXX	79,977,764	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	2,793,729	2,793,729	0	2,793,729	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	72,331	72,331	0	72,331	
1.6a Community Benefit Expenditures (informational only) .....													0	0		0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	14,150	14,150	0	14,150	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	77,097,554	77,097,554	XXX	77,097,554	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(15,130,813)	(15,130,813)	XXX	(15,130,813)	
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	0	XXX	0	
1.11 Risk Revenue .....													0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	61,966,741	61,966,741	XXX	61,966,741	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	4,667,098	4,667,098	XXX	4,667,098	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	136,082,102	136,082,102	XXX	136,082,102	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	75,506,999	75,506,999	XXX	75,506,999	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	4,533	4,533	XXX	4,533	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0				0		0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	65,246,734	65,246,734	XXX	65,246,734	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(11,916,294)	(11,916,294)	XXX	(11,916,294)	
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0	
5.3 Rebates paid .....											XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....													0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	53,330,440	53,330,440	XXX	53,330,440	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											0	0	601,708	601,708	216,478	818,186	
6.2 Activities to prevent hospital readmissions .....													0	0		0	
6.3 Improve patient safety and reduce medical errors .....													0	0		0	
6.4 Wellness and health promotion activities .....													0	0		0	
6.5 Health Information Technology expenses related to health improvement .....													0	0		0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	601,708	601,708	216,478	818,186	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.854	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0		0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	1,342,034	1,342,034	519,548	1,861,582	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,342,034	1,342,034	519,548	1,861,582	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....597	.....597		.....597
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,977,463	1,977,463	.....0	1,977,463
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	4,282,359	4,282,359	1,812,376	6,094,735
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	6,260,419	6,260,419	1,812,376	8,072,795
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	432,140	432,140	XXX	(2,116,262)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,641,849	2,641,849
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	317,504	XXX	317,504
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	749,644	XXX	843,091
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	101,091	101,091	15,647	116,738
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	101,091	101,091	15,647	116,738
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	4	4
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,202,136	1,202,136	186,972	1,389,108

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

216-3.M1

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

										(LOCATION)									
NAIC Group Code		0001		BUSINESS IN THE STATE OF		Michigan		DURING THE YEAR		2018		NAIC Company Code		12575					
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9	10	11	12	13					
		1			Mini-Med Plans			7											
		1	2	3	4	5	6	8											
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	80,017,405	80,017,405					
1.2 Unearned premium prior year														0					
1.3 Unearned premium current year														0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	5,192,235	5,192,235					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	170,881	170,881					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	696,018	696,018					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(525,137)	(525,137)					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	39,641	39,641					
1.10 Group conversion charge														0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	79,977,764	79,977,764					
1.12 Assumed premiums earned from non-affiliates		0		0	0	0	0	0	0	0	0	0	(4,057)	(4,057)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(15,130,813)	(15,130,813)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(4,057)	(4,057)					
1.15 Other Adjustments due to MLR calculation - Premiums														0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	60,179,853	60,179,853					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	57,928,250	57,928,250					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	182,726	182,726					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	125,827	125,827					
2.4 Direct claim reserves current year														0					
2.5 Direct claim reserves prior year														0					
2.6 Direct contract reserves current year														0					
2.7 Direct contract reserves prior year														0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	5,192,235	5,192,235					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	170,881	170,881					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	696,018	696,018					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	4,533	4,533					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	19,841	19,841					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,080	1,080					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	16,388	16,388					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(2,589,954)	(2,589,954)					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	11,294,165	11,294,165					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	13,884,119	13,884,119					
2.13 Group conversion charge														0					
2.14 Multi-option coverage blended rate adjustment														0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	65,246,734	65,246,734					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,296)	(11,296)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,916,294)	(11,916,294)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,296)	(11,296)					
2.19 Other adjustments due to MLR calculation - Claims														0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	48,663,342	48,663,342					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0					

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Michigan		DURING THE YEAR		2018		(LOCATION) NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8	9		10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	1.10 Total (1.7 to 1.9) .....												
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)													
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	2.10 Total (2.7 to 2.9) .....												
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)													
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	3.10 Total (3.7 to 3.9) .....												
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)													

216-4.MI

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Minnesota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,950,298	48,950,298	XXX	48,950,298	0	0	
1.2 Federal high risk pools .....																	0	0	XXX	0	0	0	
1.3 State high risk pools .....																	0	0	XXX	0	0	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,950,298	48,950,298	XXX	48,950,298	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,128,745	3,128,745		0	3,128,745	0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44,270	44,270		0	44,270	0	
1.6a Community Benefit Expenditures (informational only) .....																	0	0		0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,660	8,660		0	8,660	0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45,768,623	45,768,623	XXX	45,768,623	0	0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(9,907,392)	(9,907,392)	XXX	(9,907,392)	0	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....																	0	0	XXX	0	0	0	
1.11 Risk Revenue .....																	0	0	XXX	0	0	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,861,231	35,861,231	XXX	35,861,231	0	0	
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(377,771)	(377,771)	XXX	(377,771)	0	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89,187,618	89,187,618	XXX	89,187,618	0	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49,486,959	49,486,959	XXX	49,486,959	0	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																	0	0	XXX	0	0	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,971	2,971	XXX	2,971	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39,325,859	39,325,859	XXX	39,325,859	0	0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,887)	(7,809,887)	XXX	(7,809,887)	0	0	
5.2 Other Adjustments due to MLR calculations - Claims .....																	0	0	XXX	0	0	0	
5.3 Rebates paid .....																	0	0	XXX	0	0	0	
5.4 Estimated rebates unpaid prior year .....																	0	0	XXX	0	0	0	
5.5 Estimated rebates unpaid current year .....																	0	0	XXX	0	0	0	
5.6 Fee for service and co-pay revenue .....																	0	0	XXX	0	0	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,515,972	31,515,972	XXX	31,515,972	0	0	
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																	368,288	368,288		132,495	500,783	0	
6.2 Activities to prevent hospital readmissions .....																	0	0		0	0	0	
6.3 Improve patient safety and reduce medical errors .....																	0	0		0	0	0	
6.4 Wellness and health promotion activities .....																	0	0		0	0	0	
6.5 Health Information Technology expenses related to health improvement .....																	0	0		0	0	0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	368,288	368,288		132,495	500,783	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.867	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																	0	0		0	0	0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	821,419	821,419		317,989	1,139,408	0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	821,419	821,419		317,989	1,139,408	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX							

216-1.MN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:																
10.1 Direct sales salaries and benefits .....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....366	.....366		.....366
10.2 Agents and brokers fees and commissions.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,210,346	1,210,346	.....0	1,210,346
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....														.....0		.....0
10.4 Other general and administrative expenses.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	2,621,104	2,621,104	1,109,263	3,730,367
10.4a Community Benefit Expenditures (informational only) .....														.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	0	3,831,816	3,831,816	1,109,263	4,941,079
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	0	(676,264)	(676,264)	XXX	(2,236,011)
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,616,941	1,616,941
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,088,179	XXX	2,088,179
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,411,915	XXX	1,469,109
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)														0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)														0		0
OTHER INDICATORS:																
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	0	71,517	71,517	1,466	72,983
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	0	71,517	71,517	1,466	72,983
3. Number of Groups		XXX	0	0	XXX	0	0	0	0	0	0	0	1	1	1	2
4. Member Months		0	0	0	0	0	0	0	0	0	0	0	847,860	847,860	17,931	865,791

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Minnesota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	48,976,254	48,976,254			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(17,957)	(17,957)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	111,890	111,890			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	471,704	471,704			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(359,814)	(359,814)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	25,956	25,956			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	48,950,298	48,950,298			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(760)	(760)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(9,907,392)	(9,907,392)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(760)	(760)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	39,420,677	39,420,677			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	38,115,897	38,115,897			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	119,758	119,758			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	81,095	81,095			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(17,957)	(17,957)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	111,890	111,890			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	471,704	471,704			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	2,971	2,971			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	12,825	12,825			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	708	708			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	10,562	10,562			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(1,546,099)	(1,546,099)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	7,402,147	7,402,147			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	8,948,246	8,948,246			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	39,325,859	39,325,859			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(802)	(802)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,809,887)	(7,809,887)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(802)	(802)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	31,893,743	31,893,743			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.MN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12		13		14		15	
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Federal high risk pools .....																									
1.3 State high risk pools .....																									
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.6a Community Benefit Expenditures (informational only) .....																									
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....																									
1.11 Risk Revenue .....																									
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																									
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Other Adjustments due to MLR calculations - Claims .....																									
5.3 Rebates paid .....																									
5.4 Estimated rebates unpaid prior year .....																									
5.5 Estimated rebates unpaid current year .....																									
5.6 Fee for service and co-pay revenue .....																									
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....																									
6.2 Activities to prevent hospital readmissions .....																									
6.3 Improve patient safety and reduce medical errors .....																									
6.4 Wellness and health promotion activities .....																									
6.5 Health Information Technology expenses related to health improvement .....																									
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																									
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

216-2.MS

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....		0	0	0	0	0	0	0	0	0	0	440	440		440
10.2 Agents and brokers fees and commissions.....		0	0	0	0	0	0	0	0	0	0	1,456,702	1,456,702	0	1,456,702
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												0	0		0
10.4 Other general and administrative expenses.....		0	0	0	0	0	0	0	0	0	0	3,154,609	3,154,609	1,335,045	4,489,654
10.4a Community Benefit Expenditures (informational only) .....												0	0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)		0	0	0	0	0	0	0	0	0	0	4,611,751	4,611,751	1,335,045	5,946,796
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)		0	0	0	0	0	0	0	0	0	0	(1,821,520)	(1,821,520)	XXX	(3,698,742)
12. Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,946,057	1,946,057
13. Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232,293	XXX	232,293
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,589,227)	XXX	(1,520,392)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies		0	0	0	0	0	0	0	0	0	0	100,876	100,876	2,800	103,676
2. Number of Covered Lives		0	0	0	0	0	0	0	0	0	0	100,876	100,876	2,800	103,676
3. Number of Groups		XXX			XXX								0		0
4. Member Months		0	0	0	0	0	0	0	0	0	0	1,195,645	1,195,645	34,444	1,230,089

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	
																	Total (a)
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	58,945,001	58,945,001
1.2 Unearned premium prior year																	0
1.3 Unearned premium current year																	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,588	8,588
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	134,595	134,595
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	552,374	552,374
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(417,779)	(417,779)
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,224	31,224
1.10 Group conversion charge																	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	58,913,777	58,913,777
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,310)	(1,310)
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,917,859)	(11,917,859)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,310)	(1,310)
1.15 Other Adjustments due to MLR calculation - Premiums																	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,405,109	47,405,109
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	52,869,670	52,869,670
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	166,152	166,152
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	112,625	112,625
2.4 Direct claim reserves current year																	0
2.5 Direct claim reserves prior year																	0
2.6 Direct contract reserves current year																	0
2.7 Direct contract reserves prior year																	0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,588	8,588
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	134,595	134,595
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	552,374	552,374
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,121	4,121
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,804	17,804
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	982	982
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	14,665	14,665
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,157,359)	(2,157,359)
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,269,712	10,269,712
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,427,071	12,427,071
2.13 Group conversion charge																	0
2.14 Multi-option coverage blended rate adjustment																	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	54,675,486	54,675,486
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,723)	(4,723)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(10,835,410)	(10,835,410)
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,723)	(4,723)
2.19 Other adjustments due to MLR calculation - Claims																	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	44,249,267	44,249,267
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15	
					Mini-Med Plans												
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.99,822,698	.99,822,698	XXX	.99,822,698	
1.2 Federal high risk pools .....													.0	XXX	.0		
1.3 State high risk pools .....													.0	XXX	.0		
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.99,822,698	.99,822,698	XXX	.99,822,698	
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(1,216,253)	(1,216,253)	.0	(1,216,253)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.90,279	.90,279	.0	.90,279	
1.6a Community Benefit Expenditures (informational only) .....													.0	.0		.0	
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	17,660	17,660	.0	17,660	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100,931,012	100,931,012	XXX	100,931,012	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(20,214,142)	(20,214,142)	XXX	(20,214,142)	
1.10 Other Adjustments due to MLR calculations - Premiums .....													.0	XXX	.0		
1.11 Risk Revenue .....													.0	XXX	.0		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	80,716,870	80,716,870	XXX	80,716,870	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(783,158)	(783,158)	XXX	(783,158)	
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	206,569,689	206,569,689	XXX	206,569,689	
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	114,617,992	114,617,992	XXX	114,617,992	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	.0	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	6,880	6,880	XXX	6,880	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0				0		0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.91,175,419	.91,175,419	XXX	.91,175,419	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(18,088,676)	(18,088,676)	XXX	(18,088,676)	
5.2 Other Adjustments due to MLR calculations - Claims .....													.0	XXX	.0		
5.3 Rebates paid .....											XXX	XXX	.0	XXX	.0		
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	.0	XXX	.0		
5.5 Estimated rebates unpaid current year .....											XXX	XXX	.0	XXX	.0		
5.6 Fee for service and co-pay revenue .....													.0	XXX	.0		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	73,086,743	73,086,743	XXX	73,086,743	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											.0	.0	.751,037	.751,037	.270,193	1,021,230	
6.2 Activities to prevent hospital readmissions .....													.0			.0	
6.3 Improve patient safety and reduce medical errors .....													.0			.0	
6.4 Wellness and health promotion activities .....													.0			.0	
6.5 Health Information Technology expenses related to health improvement .....													.0			.0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	751,037	751,037	270,193	1,021,230	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.911	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													.0			.0	
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,675,093	1,675,093	.648,463	2,323,556	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,675,093	1,675,093	.648,463	2,323,556	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....746	.....746		.....746
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	2,468,218	2,468,218	.....0	2,468,218
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	5,345,130	5,345,130	2,262,082	7,607,212
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	7,814,094	7,814,094	2,262,082	10,076,176
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(2,610,097)	(2,610,097)	XXX	(5,790,835)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,297,371	3,297,371
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	386,427	XXX	386,427
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(2,223,670)	XXX	(2,107,037)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	148,896	148,896	6,781	155,677
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	148,896	148,896	6,781	155,677
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	1	1
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,777,073	1,777,073	82,749	1,859,822

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13
		Mini-Med Plans							Student Health Plans						
		1	2	3	4	5	6	7		8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:															
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	99,875,657	99,875,657
1.2 Unearned premium prior year															0
1.3 Unearned premium current year															0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(87,681)	(87,681)
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	228,290	228,290
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	923,767	923,767
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(695,477)	(695,477)
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	52,959	52,959
1.10 Group conversion charge															0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	99,822,698	99,822,698
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(656)	(656)
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(20,214,142)	(20,214,142)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(656)	(656)
1.15 Other Adjustments due to MLR calculation - Premiums															0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	80,391,714	80,391,714
2. Direct Claims Incurred:															
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	87,550,853	87,550,853
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	277,375	277,375
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	194,511	194,511
2.4 Direct claim reserves current year															0
2.5 Direct claim reserves prior year															0
2.6 Direct contract reserves current year															0
2.7 Direct contract reserves prior year															0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(87,681)	(87,681)
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	228,290	228,290
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	923,767	923,767
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	6,880	6,880
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	30,568	30,568
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	1,639	1,639
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	25,327	25,327
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(4,317,980)	(4,317,980)
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	17,144,299	17,144,299
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	21,462,279	21,462,279
2.13 Group conversion charge															0
2.14 Multi-option coverage blended rate adjustment															0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	91,175,419	91,175,419
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,238)	(3,238)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(18,088,676)	(18,088,676)
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(3,238)	(3,238)
2.19 Other adjustments due to MLR calculation - Claims															0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	73,869,901	73,869,901
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)															0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Missouri		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Montana		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,695,823	13,695,823	XXX	13,695,823				
1.2 Federal high risk pools .....												0	XXX	0									
1.3 State high risk pools .....												0	XXX	0									
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,695,823	13,695,823	XXX	13,695,823				
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	830,778	830,778	0	830,778				
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,386	12,386	0	12,386				
1.6a Community Benefit Expenditures (informational only) .....												0		0									
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,423	2,423	0	2,423				
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,850,236	12,850,236	XXX	12,850,236				
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,771,912)	(2,771,912)	XXX	(2,771,912)				
1.10 Other Adjustments due to MLR calculations - Premiums .....												0	XXX	0									
1.11 Risk Revenue .....												0	XXX	0									
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,078,324	10,078,324	XXX	10,078,324				
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(95,698)	(95,698)	XXX	(95,698)				
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,207,046	25,207,046	XXX	25,207,046				
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,986,471	13,986,471	XXX	13,986,471				
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....												0	XXX	0									
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	840	840	XXX	840				
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0				0	0						
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,125,717	11,125,717	XXX	11,125,717				
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,207,304)	(2,207,304)	XXX	(2,207,304)				
5.2 Other Adjustments due to MLR calculations - Claims .....												0	XXX	0									
5.3 Rebates paid .....												0	XXX	0									
5.4 Estimated rebates unpaid prior year .....												0	XXX	0									
5.5 Estimated rebates unpaid current year .....												0	XXX	0									
5.6 Fee for service and co-pay revenue .....												0	XXX	0									
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,918,413	8,918,413	XXX	8,918,413				
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....												0		0		103,043	103,043	37,071	140,114				
6.2 Activities to prevent hospital readmissions .....														0									
6.3 Improve patient safety and reduce medical errors .....														0									
6.4 Wellness and health promotion activities .....														0									
6.5 Health Information Technology expenses related to health improvement .....														0									
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	103,043	103,043	37,071	140,114				
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.874	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0									
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	229,825	229,825	88,970	318,795				
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	229,825	229,825	88,970	318,795				
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX						

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....102	.....102		.....102
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....338,643	.....338,643	.....0	.....338,643
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....733,360	.....733,360	.....310,361	.....1,043,721
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,072,105	1,072,105	310,361	1,382,466
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(245,062)	(245,062)	XXX	(681,464)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452,404	452,404
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	610,133	XXX	610,133
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	365,071	XXX	381,073
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	21,427	21,427	920	22,347
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	21,427	21,427	920	22,347
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	253,284	253,284	11,101	264,385

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Montana		DURING THE YEAR				(LOCATION) NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		910	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.MT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,904,950	24,904,950	XXX	24,904,950	0	0		
1.2 Federal high risk pools .....																0	0	XXX	0				
1.3 State high risk pools .....																0	0	XXX	0				
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,904,950	24,904,950	XXX	24,904,950	0	0		
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,990	28,990		0	28,990			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,524	22,524		0	22,524			
1.6a Community Benefit Expenditures (informational only) .....																0	0			0			
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,406	4,406		0	4,406			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,849,030	24,849,030	XXX	24,849,030				
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(5,040,537)	(5,040,537)	XXX	(5,040,537)				
1.10 Other Adjustments due to MLR calculations - Premiums .....																0	0	XXX	0				
1.11 Risk Revenue .....																0	0	XXX	0				
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	19,808,493	19,808,493	XXX	19,808,493				
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(185,897)	(185,897)	XXX	(185,897)				
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	52,745,839	52,745,839	XXX	52,745,839				
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,266,744	29,266,744	XXX	29,266,744				
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																0	0	XXX	0				
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,757	1,757	XXX	1,757				
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	23,294,955	23,294,955	XXX	23,294,955				
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,618,792)	(4,618,792)	XXX	(4,618,792)				
5.2 Other Adjustments due to MLR calculations - Claims .....																0	0	XXX	0				
5.3 Rebates paid .....																0	0	XXX	0				
5.4 Estimated rebates unpaid prior year .....																0	0	XXX	0				
5.5 Estimated rebates unpaid current year .....																0	0	XXX	0				
5.6 Fee for service and co-pay revenue .....																0	0	XXX	0				
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,676,163	18,676,163	XXX	18,676,163				
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....												0	0	0	0	187,377	187,377		67,411	254,788			
6.2 Activities to prevent hospital readmissions .....																0	0			0			
6.3 Improve patient safety and reduce medical errors .....																0	0			0			
6.4 Wellness and health promotion activities .....																0	0			0			
6.5 Health Information Technology expenses related to health improvement .....																0	0			0			
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	187,377	187,377		67,411	254,788			
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX				0.945	XXX		XXX	XXX			
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																0	0			0			
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	417,922	417,922		161,786	579,708			
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	417,922	417,922		161,786	579,708			
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000				0.017	XXX		XXX	XXX			

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....186	.....186		.....186
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....615,800	.....615,800	.....0	.....615,800
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,333,566	.....1,333,566	.....564,371	.....1,897,937
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,949,552	1,949,552	564,371	2,513,923
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,422,521)	(1,422,521)	XXX	(2,216,089)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	822,667	822,667
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,091,044	XXX	1,091,044
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(331,477)	XXX	(302,378)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	37,693	37,693	2,935	40,628
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	37,693	37,693	2,935	40,628
3. Number of Groups	XXX	0		XXX	0	0	0	0	0	0	0		0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	449,296	449,296	34,150	483,444

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	24,918,156	24,918,156			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(8,397)	(8,397)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	56,926	56,926			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	234,426	234,426			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(177,500)	(177,500)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	13,206	13,206			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	24,904,950	24,904,950			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(246)	(246)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,040,537)	(5,040,537)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(246)	(246)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	20,050,310	20,050,310			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	22,653,529	22,653,529			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	70,825	70,825			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	46,940	46,940			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(8,397)	(8,397)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	56,926	56,926			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	234,426	234,426			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	1,757	1,757			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	7,450	7,450			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	419	419			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	6,112	6,112			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(801,681)	(801,681)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	4,377,653	4,377,653			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	5,179,334	5,179,334			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	23,294,955	23,294,955			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(922)	(922)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(4,618,792)	(4,618,792)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(922)	(922)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	18,862,060	18,862,060			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-NE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR				(LOCATION) NAIC Company Code			
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Nevada		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575		
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9	10	11	12	13	14	15
		1	2	3	4	5	6	7	8									
										Individual	Small Group Employer							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14		
1. Premium:																		
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	11,097,895	11,097,895	XXX	11,097,895		
1.2 Federal high risk pools .....													0	XXX	0			
1.3 State high risk pools .....													0	XXX	0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	11,097,895	11,097,895	XXX	11,097,895		
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	819,232	819,232	0	819,232		
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	10,037	10,037	0	10,037		
1.6a Community Benefit Expenditures (informational only) .....													0		0			
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	1,963	1,963	0	1,963		
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	10,266,663	10,266,663	XXX	10,266,663		
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(2,118,935)	(2,118,935)	XXX	(2,118,935)		
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	XXX	0			
1.11 Risk Revenue .....													0	XXX	0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	8,147,728	8,147,728	XXX	8,147,728		
2. Claims:																		
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	549,536	549,536	XXX	549,536		
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	17,101,419	17,101,419	XXX	17,101,419		
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	9,488,954	9,488,954	XXX	9,488,954		
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	0			
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	570	570	XXX	570		
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	8,162,571	8,162,571	XXX	8,162,571		
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(1,497,519)	(1,497,519)	XXX	(1,497,519)		
5.2 Other Adjustments due to MLR calculations - Claims .....													0	XXX	0			
5.3 Rebates paid .....											XXX	XXX	0	XXX	0			
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	XXX	0			
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	XXX	0			
5.6 Fee for service and co-pay revenue .....													0	XXX	0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	6,665,052	6,665,052	XXX	6,665,052		
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes .....											0	0	83,495	83,495	30,039	113,534		
6.2 Activities to prevent hospital readmissions .....													0			0		
6.3 Improve patient safety and reduce medical errors .....													0			0		
6.4 Wellness and health promotion activities .....													0			0		
6.5 Health Information Technology expenses related to health improvement .....													0			0		
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	83,495	83,495	30,039	113,534		
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.803	XXX	XXX	XXX		
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0			0		
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	186,225	186,225	72,094	258,319		
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	186,225	186,225	72,094	258,319		
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX		

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....83	.....83		.....83
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	274,398	274,398	.....0	274,398
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	594,232	594,232	251,489	845,721
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	868,713	868,713	251,489	1,120,202
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	344,243	344,243	XXX	(9,379)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	366,589	366,589
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49,680	XXX	49,680
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	393,923	XXX	406,890
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	13,509	13,509	5,681	19,190
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	13,509	13,509	5,681	19,190
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	1	1		1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	160,752	160,752	68,742	229,494

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Nevada		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)					Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	11,103,446	11,103,446		
1.2 Unearned premium prior year																	0
1.3 Unearned premium current year																	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	624,848	624,848		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	23,930	23,930		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	99,242	99,242		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(75,312)	(75,312)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	5,551	5,551		
1.10 Group conversion charge																	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	11,097,895	11,097,895		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(875)	(875)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2,118,935)	(2,118,935)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(875)	(875)		
1.15 Other Adjustments due to MLR calculation - Premiums																	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	8,429,424	8,429,424		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	7,261,725	7,261,725		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	22,963	22,963		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	15,980	15,980		
2.4 Direct claim reserves current year																	0
2.5 Direct claim reserves prior year																	0
2.6 Direct contract reserves current year																	0
2.7 Direct contract reserves prior year																	0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	624,848	624,848		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	23,930	23,930		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	99,242	99,242		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	570	570		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	2,513	2,513		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	136	136		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	2,079	2,079		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(343,757)	(343,757)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	1,419,336	1,419,336		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	1,763,093	1,763,093		
2.13 Group conversion charge																	0
2.14 Multi-option coverage blended rate adjustment																	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	8,162,571	8,162,571		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,372)	(1,372)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,497,519)	(1,497,519)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,372)	(1,372)		
2.19 Other adjustments due to MLR calculation - Claims																	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	6,115,516	6,115,516		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-NV

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,721,835	11,721,835	XXX	11,721,835	0	0	
1.2 Federal high risk pools .....																	0	0	XXX	0			
1.3 State high risk pools .....																	0	0	XXX	0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,721,835	11,721,835	XXX	11,721,835	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	153,839	153,839		0	153,839		
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,601	10,601		0	10,601		
1.6a Community Benefit Expenditures (informational only) .....																	0	0		0			
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,074	2,074		0	2,074		
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,555,321	11,555,321	XXX	11,555,321			
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,251,194)	(2,251,194)	XXX	(2,251,194)			
1.10 Other Adjustments due to MLR calculations - Premiums .....																	0	0	XXX	0			
1.11 Risk Revenue .....																	0	0	XXX	0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,304,127	9,304,127	XXX	9,304,127			
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	524,718	524,718	XXX	524,718			
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,495,946	21,495,946	XXX	21,495,946			
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,927,317	11,927,317	XXX	11,927,317			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																	0	0	XXX	0			
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	716	716	XXX	716			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,094,063	10,094,063	XXX	10,094,063			
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,882,334)	(1,882,334)	XXX	(1,882,334)			
5.2 Other Adjustments due to MLR calculations - Claims .....																	0	0	XXX	0			
5.3 Rebates paid .....																	0	0	XXX	0			
5.4 Estimated rebates unpaid prior year .....																	0	0	XXX	0			
5.5 Estimated rebates unpaid current year .....																	0	0	XXX	0			
5.6 Fee for service and co-pay revenue .....																	0	0	XXX	0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,211,729	8,211,729	XXX	8,211,729			
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																	88,189	88,189		31,728	119,917		
6.2 Activities to prevent hospital readmissions .....																	0	0		0	0		
6.3 Improve patient safety and reduce medical errors .....																	0	0		0	0		
6.4 Wellness and health promotion activities .....																	0	0		0	0		
6.5 Health Information Technology expenses related to health improvement .....																	0	0		0	0		
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	88,189	88,189		31,728	119,917		
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.881	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																	0	0		0	0		
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196,695	196,695		76,147	272,842		
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196,695	196,695		76,147	272,842		
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX							

216-1.NH



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....88	.....88		.....88
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....289,826	.....289,826	.....0	.....289,826
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....627,643	.....627,643	.....265,628	.....893,271
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	917,557	917,557	265,628	1,183,185
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(110,043)	(110,043)	XXX	(483,546)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	387,199	387,199
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,203	48,203
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(61,840)	XXX	(48,144)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	17,325	17,325	6,833	24,158
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	17,325	17,325	6,833	24,158
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	206,138	206,138	80,093	286,231

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	11,727,733	11,727,733			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	595,086	595,086			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	25,424	25,424			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	95,792	95,792			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(70,368)	(70,368)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	5,898	5,898			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	11,721,835	11,721,835			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(398)	(398)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,251,194)	(2,251,194)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(398)	(398)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	8,945,923	8,945,923			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	9,436,945	9,436,945			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	28,864	28,864			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	17,259	17,259			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	595,086	595,086			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	25,424	25,424			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	95,792	95,792			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	716	716			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	2,790	2,790			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	171	171			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	2,245	2,245			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(120,079)	(120,079)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	1,784,061	1,784,061			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	1,904,140	1,904,140			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	10,094,063	10,094,063			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,126)	(2,126)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,882,334)	(1,882,334)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,126)	(2,126)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	7,687,011	7,687,011			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		New Hampshire		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group														
		Individual			Individual					Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	108,640,661	108,640,661	XXX	108,640,661						
1.2 Federal high risk pools .....														0	XXX	0							
1.3 State high risk pools .....														0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	108,640,661	108,640,661	XXX	108,640,661						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	3,881,975	3,881,975	0	3,881,975						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	98,254	98,254	0	98,254						
1.6a Community Benefit Expenditures (informational only) .....														0			0						
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	19,221	19,221	0	19,221						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	104,641,211	104,641,211	XXX	104,641,211						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(21,310,188)	(21,310,188)	XXX	(21,310,188)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0							
1.11 Risk Revenue .....														0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	83,331,023	83,331,023	XXX	83,331,023						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	2,617,543	2,617,543	XXX	2,617,543						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	192,725,586	192,725,586	XXX	192,725,586						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	106,936,404	106,936,404	XXX	106,936,404						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	6,419	6,419	XXX	6,419						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0		0		0						
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	88,413,144	88,413,144	XXX	88,413,144						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(16,876,390)	(16,876,390)	XXX	(16,876,390)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX	0							
5.3 Rebates paid .....											XXX	XXX		0	XXX	0							
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX	0							
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX	0							
5.6 Fee for service and co-pay revenue .....														0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	71,536,754	71,536,754	XXX	71,536,754						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	0	817,367	817,367	294,061	1,111,428						
6.2 Activities to prevent hospital readmissions .....														0		0	0						
6.3 Improve patient safety and reduce medical errors .....														0		0	0						
6.4 Wellness and health promotion activities .....														0		0	0						
6.5 Health Information Technology expenses related to health improvement .....														0		0	0						
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	817,367	817,367	294,061	1,111,428						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX		0.853	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0		0	0						
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	1,823,034	1,823,034	705,746	2,528,780						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	1,823,034	1,823,034	705,746	2,528,780						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX						

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....812	.....812		.....812
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	2,686,207	2,686,207	.....0	2,686,207
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	5,817,202	5,817,202	2,461,906	8,279,108
	10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	8,504,221	8,504,221	2,461,906	10,966,127
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	649,647	649,647	XXX	(2,812,066)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,588,649	3,588,649
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427,108	XXX	427,108
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,076,755	XXX	1,203,691
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	134,945	134,945	19,168	154,113
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	134,945	134,945	19,168	154,113
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	2	2	3	5
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,608,369	1,608,369	226,156	1,834,525

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

216-3.NJ

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR			2018		(LOCATION) NAIC Company Code		12575	
				Business Subject to MLR						9	10	11	12	13		
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:							
				1	2	3	4	5	6						7	8
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:																
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	108,696,491	108,696,491
1.2 Unearned premium prior year																0
1.3 Unearned premium current year																0
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	3,312,966	3,312,966
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	240,668	240,668
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	936,091	936,091
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	(695,423)	(695,423)
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	55,830	55,830
1.10 Group conversion charge																0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	108,640,661	108,640,661
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(3,529)	(3,529)
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	(21,310,188)	(21,310,188)
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(3,529)	(3,529)
1.15 Other Adjustments due to MLR calculation - Premiums																0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	84,712,930	84,712,930
2. Direct Claims Incurred:																
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	81,665,149	81,665,149
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	258,786	258,786
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	181,637	181,637
2.4 Direct claim reserves current year																0
2.5 Direct claim reserves prior year																0
2.6 Direct contract reserves current year																0
2.7 Direct contract reserves prior year																0
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	3,312,966	3,312,966
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	240,668	240,668
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	936,091	936,091
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	6,419	6,419
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	28,545	28,545
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	1,529	1,529
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	23,655	23,655
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	(4,046,884)	(4,046,884)
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	15,995,304	15,995,304
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	20,042,188	20,042,188
2.13 Group conversion charge																0
2.14 Multi-option coverage blended rate adjustment																0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	88,413,144	88,413,144
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(6,838)	(6,838)
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	(16,876,390)	(16,876,390)
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(6,838)	(6,838)
2.19 Other adjustments due to MLR calculation - Claims																0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	68,919,211	68,919,211
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.NJ



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	20,484,407	20,484,407	XXX	20,484,407	0	XXX	0	0	0	0	0
1.2 Federal high risk pools .....													0	XXX	0	0	0	XXX	0	0	0	0	0
1.3 State high risk pools .....													0	XXX	0	0	0	XXX	0	0	0	0	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	20,484,407	20,484,407	XXX	20,484,407	0	XXX	0	0	0	0	0
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	1,934,510	1,934,510	0	1,934,510	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	18,526	18,526	0	18,526	0	0	0	0	0	0	0
1.6a Community Benefit Expenditures (informational only) .....													0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	3,624	3,624	0	3,624	0	0	0	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	18,527,747	18,527,747	XXX	18,527,747	0	XXX	0	0	0	0	0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(4,344,282)	(4,344,282)	XXX	(4,344,282)	0	XXX	0	0	0	0	0
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	XXX	0	0	0	XXX	0	0	0	0	0
1.11 Risk Revenue .....													0	XXX	0	0	0	XXX	0	0	0	0	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	14,183,465	14,183,465	XXX	14,183,465	0	XXX	0	0	0	0	0
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(1,135,304)	(1,135,304)	XXX	(1,135,304)	0	XXX	0	0	0	0	0
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	34,363,371	34,363,371	XXX	34,363,371	0	XXX	0	0	0	0	0
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	19,066,982	19,066,982	XXX	19,066,982	0	XXX	0	0	0	0	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	0	0	0	XXX	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	1,145	1,145	XXX	1,145	0	XXX	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	14,162,230	14,162,230	XXX	14,162,230	0	XXX	0	0	0	0	0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(3,009,095)	(3,009,095)	XXX	(3,009,095)	0	XXX	0	0	0	0	0
5.2 Other Adjustments due to MLR calculations - Claims .....													0	XXX	0	0	0	XXX	0	0	0	0	0
5.3 Rebates paid .....													0	XXX	0	0	0	XXX	0	0	0	0	0
5.4 Estimated rebates unpaid prior year .....													0	XXX	0	0	0	XXX	0	0	0	0	0
5.5 Estimated rebates unpaid current year .....													0	XXX	0	0	0	XXX	0	0	0	0	0
5.6 Fee for service and co-pay revenue .....													0	XXX	0	0	0	XXX	0	0	0	0	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	11,153,135	11,153,135	XXX	11,153,135	0	XXX	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....												0	154,123	154,123	55,446	209,569	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions .....												0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....												0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities .....												0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement .....												0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	154,123	154,123	55,446	209,569	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.773	XXX	XXX	XXX	0	XXX	0	0	0	0	0
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	343,751	343,751	133,070	476,821	0	XXX	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	343,751	343,751	133,070	476,821	0	XXX	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	XXX	XXX	XXX	0	XXX	0	0	0	0	0

216-1.NM

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....153	.....153		.....153
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....506,511	.....506,511	.....0	.....506,511
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,096,890	.....1,096,890	.....464,197	.....1,561,087
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,603,554	1,603,554	464,197	2,067,751
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	928,902	928,902	XXX	276,189
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	676,647	676,647
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	81,926	XXX	81,926
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,010,828	XXX	1,034,762
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	38,520	38,520	2,530	41,050
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	38,520	38,520	2,530	41,050
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	459,445	459,445	30,375	489,820

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
					Mini-Med Plans											13	
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	20,495,789	20,495,789			
1.2 Unearned premium prior year													0	0			
1.3 Unearned premium current year													0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(987,634)	(987,634)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	49,062	49,062			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	196,732	196,732			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(147,670)	(147,670)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	11,382	11,382			
1.10 Group conversion charge													0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	20,484,407	20,484,407			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(757)	(757)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(4,344,282)	(4,344,282)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(757)	(757)			
1.15 Other Adjustments due to MLR calculation - Premiums													0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	17,275,429	17,275,429			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	14,561,616	14,561,616			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	46,142	46,142			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	32,379	32,379			
2.4 Direct claim reserves current year													0	0			
2.5 Direct claim reserves prior year													0	0			
2.6 Direct contract reserves current year													0	0			
2.7 Direct contract reserves prior year													0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(987,634)	(987,634)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	49,062	49,062			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	196,732	196,732			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	1,145	1,145			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	5,091	5,091			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	273	273			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	4,219	4,219			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(721,010)	(721,010)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	2,851,996	2,851,996			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	3,573,006	3,573,006			
2.13 Group conversion charge													0	0			
2.14 Multi-option coverage blended rate adjustment													0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	14,162,230	14,162,230			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(992)	(992)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,009,095)	(3,009,095)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(992)	(992)			
2.19 Other adjustments due to MLR calculation - Claims													0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	12,288,439	12,288,439			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.NM

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		New Mexico		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.NM

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.NM



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,457	.....1,457		.....1,457
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	4,822,353	4,822,353	.....0	4,822,353
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	10,443,204	10,443,204	4,419,525	14,862,729
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	15,267,014	15,267,014	4,419,525	19,686,539
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	542,213	542,213	XXX	(5,672,130)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,442,215	6,442,215
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	772,056	XXX	772,056
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,314,269	XXX	1,542,141
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	248,333	248,333	252,159	500,492
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	248,333	248,333	252,159	500,492
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	11	11
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	3,004,513	3,004,513	2,960,373	5,964,886

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		New York		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)					Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	195,134,988	195,134,988		
1.2 Unearned premium prior year																	0
1.3 Unearned premium current year																	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(7,159,887)	(7,159,887)		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	461,988	461,988		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	1,848,463	1,848,463		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(1,386,475)	(1,386,475)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	107,172	107,172		
1.10 Group conversion charge																	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	195,027,816	195,027,816		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(17,190)	(17,190)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(40,907,170)	(40,907,170)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(17,190)	(17,190)		
1.15 Other Adjustments due to MLR calculation - Premiums																	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	162,667,008	162,667,008		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	159,984,565	159,984,565		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	510,139	510,139		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	367,210	367,210		
2.4 Direct claim reserves current year																	0
2.5 Direct claim reserves prior year																	0
2.6 Direct contract reserves current year																	0
2.7 Direct contract reserves prior year																	0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(7,159,887)	(7,159,887)		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	461,988	461,988		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	1,848,463	1,848,463		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	12,654	12,654		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	57,457	57,457		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	3,014	3,014		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	47,817	47,817		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(8,986,936)	(8,986,936)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	31,531,211	31,531,211		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	40,518,147	40,518,147		
2.13 Group conversion charge																	0
2.14 Multi-option coverage blended rate adjustment																	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	160,580,722	160,580,722		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	6,105	6,105		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(33,268,077)	(33,268,077)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	6,105	6,105		
2.19 Other adjustments due to MLR calculation - Claims																	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	135,859,007	135,859,007		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.NY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		New York		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.NY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....953	.....953		.....953
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,155,645	.....3,155,645	.....0	.....3,155,645
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....6,833,810	.....6,833,810	.....2,892,097	.....9,725,907
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	9,990,408	9,990,408	2,892,097	12,882,505
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(262,425)	(262,425)	XXX	(4,329,035)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,215,727	4,215,727
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	507,740	XXX	507,740
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	245,315	XXX	394,432
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	179,800	179,800	20,773	200,573
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	179,800	179,800	20,773	200,573
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	3	3
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	2,173,293	2,173,293	245,550	2,418,843

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
				Business Subject to MLR						10	11	12	13				
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:					9			
				1	2	3	4	5	6						7	8	
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	127,692,175	127,692,175	
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	(172,073)	(172,073)	
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	292,008	292,008	
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	1,191,911	1,191,911	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	(899,903)	(899,903)	
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	67,740	67,740	
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	127,624,435	127,624,435	
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(2,797)	(2,797)	
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	(25,856,140)	(25,856,140)	
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(2,797)	(2,797)	
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	102,840,271	102,840,271	
2. Direct Claims Incurred:																	
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	101,999,745	101,999,745	
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	326,039	326,039	
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	236,971	236,971	
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	(172,073)	(172,073)	
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	292,008	292,008	
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	1,191,911	1,191,911	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	8,087	8,087	
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	37,018	37,018	
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	1,926	1,926	
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	30,857	30,857	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	(5,995,320)	(5,995,320)	
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	20,152,175	20,152,175	
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	26,147,495	26,147,495	
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	107,020,244	107,020,244	
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(8,524)	(8,524)	
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	(21,262,238)	(21,262,238)	
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(8,524)	(8,524)	
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	86,829,982	86,829,982	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		910	
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,576,766	13,576,766	XXX	13,576,766	0	0	
1.2 Federal high risk pools .....																	0	XXX	0	0			
1.3 State high risk pools .....																	0	XXX	0	0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,576,766	13,576,766	XXX	13,576,766	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	339,879	339,879	0	339,879			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,279	12,279	0	12,279			
1.6a Community Benefit Expenditures (informational only) .....																	0	0	0	0			
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,402	2,402	0	2,402			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,222,206	13,222,206	XXX	13,222,206	0	0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,747,675)	(2,747,675)	XXX	(2,747,675)	0	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....																	0	XXX	0	0			
1.11 Risk Revenue .....																	0	XXX	0	0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,474,531	10,474,531	XXX	10,474,531			
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(97,026)	(97,026)	XXX	(97,026)	0	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27,291,100	27,291,100	XXX	27,291,100	0	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,142,837	15,142,837	XXX	15,142,837	0	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																	0	XXX	0	0			
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	909	909	XXX	909			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,052,146	12,052,146	XXX	12,052,146	0	0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,389,798)	(2,389,798)	XXX	(2,389,798)	0	0	
5.2 Other Adjustments due to MLR calculations - Claims .....																	0	XXX	0	0			
5.3 Rebates paid .....												XXX	XXX				0	XXX	0	0			
5.4 Estimated rebates unpaid prior year .....												XXX	XXX				0	XXX	0	0			
5.5 Estimated rebates unpaid current year .....												XXX	XXX				0	XXX	0	0			
5.6 Fee for service and co-pay revenue .....																	0	XXX	0	0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,662,348	9,662,348	XXX	9,662,348			
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	102,148	102,148	36,749	138,897							
6.2 Activities to prevent hospital readmissions .....													0	0	0	0							
6.3 Improve patient safety and reduce medical errors .....													0	0	0	0							
6.4 Wellness and health promotion activities .....													0	0	0	0							
6.5 Health Information Technology expenses related to health improvement .....													0	0	0	0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	102,148	102,148	36,749	138,897							
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.919	XXX	XXX	XXX							
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0	0	0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	227,827	227,827	88,197	316,024							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	227,827	227,827	88,197	316,024							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX							

216-1.ND

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....101	.....101		.....101
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....335,699	.....335,699	.....0	.....335,699
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....726,985	.....726,985	.....307,663	.....1,034,648
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,062,785	1,062,785	307,663	1,370,448
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(580,577)	(580,577)	XXX	(1,013,186)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	448,472	448,472
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	617,568	XXX	617,568
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,991	XXX	52,854
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	21,474	21,474	171	21,645
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	21,474	21,474	171	21,645
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	255,544	255,544	2,002	257,546

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR						9		10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans									Expatriate Plans:			
		1	2	3	4	5	6	7	8					Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	13,583,965	13,583,965			
1.2 Unearned premium prior year													0	0			
1.3 Unearned premium current year													0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(3,886)	(3,886)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	31,031	31,031			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	124,171	124,171			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(93,140)	(93,140)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	7,199	7,199			
1.10 Group conversion charge													0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	13,576,766	13,576,766			
1.12 Assumed premiums earned from non-affiliates													0	0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,747,675)	(2,747,675)			
1.14 Ceded premiums earned to non-affiliates													0	0			
1.15 Other Adjustments due to MLR calculation - Premiums													0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	10,926,117	10,926,117			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	11,810,681	11,810,681			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	36,645	36,645			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	23,470	23,470			
2.4 Direct claim reserves current year													0	0			
2.5 Direct claim reserves prior year													0	0			
2.6 Direct contract reserves current year													0	0			
2.7 Direct contract reserves prior year													0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(3,886)	(3,886)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	31,031	31,031			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	124,171	124,171			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	909	909			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	3,746	3,746			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	217	217			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	3,054	3,054			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(324,407)	(324,407)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	2,265,031	2,265,031			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	2,589,438	2,589,438			
2.13 Group conversion charge													0	0			
2.14 Multi-option coverage blended rate adjustment													0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	12,052,146	12,052,146			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(244)	(244)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,389,798)	(2,389,798)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(244)	(244)			
2.19 Other adjustments due to MLR calculation - Claims													0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	9,759,374	9,759,374			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR		2018		(LOCATION) NAIC Company Code					
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10	

216-4.ND

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,982,155	122,982,155	XXX	122,982,155				
1.2 Federal high risk pools .....												0	XXX	0									
1.3 State high risk pools .....												0	XXX	0									
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,982,155	122,982,155	XXX	122,982,155				
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	955,969	955,969	0	955,969				
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	111,224	111,224	0	111,224				
1.6a Community Benefit Expenditures (informational only) .....												0		0									
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,758	21,758	0	21,758				
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,893,204	121,893,204	XXX	121,893,204				
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,750,722	24,750,722	XXX	24,750,722				
1.10 Other Adjustments due to MLR calculations - Premiums .....												0	XXX	0									
1.11 Risk Revenue .....												0	XXX	0									
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	97,142,482	97,142,482	XXX	97,142,482				
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	318,467	318,467	XXX	318,467				
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	241,653,058	241,653,058	XXX	241,653,058				
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	134,084,475	134,084,475	XXX	134,084,475				
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....												0	XXX	0									
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,049	8,049	XXX	8,049				
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0											
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	107,258,165	107,258,165	XXX	107,258,165				
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,160,820	21,160,820	XXX	21,160,820				
5.2 Other Adjustments due to MLR calculations - Claims .....												0	XXX	0									
5.3 Rebates paid .....											XXX	XXX	0	XXX	0								
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	XXX	0								
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	XXX	0								
5.6 Fee for service and co-pay revenue .....												0	XXX	0									
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,097,345	86,097,345	XXX	86,097,345				
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....											0	0	925,278	925,278	332,880	1,258,158							
6.2 Activities to prevent hospital readmissions .....												0		0									
6.3 Improve patient safety and reduce medical errors .....												0		0									
6.4 Wellness and health promotion activities .....												0		0									
6.5 Health Information Technology expenses related to health improvement .....												0		0									
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	925,278	925,278	332,880	1,258,158				
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.888	XXX	XXX								
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....												0		0									
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	2,063,717	2,063,717	798,911	2,862,628							
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	2,063,717	2,063,717	798,911	2,862,628							
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX								

216-1.OH

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.919	.919		.919
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,040,849	3,040,849	.0	3,040,849
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	6,585,210	6,585,210	2,786,898	9,372,108
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	9,626,978	9,626,978	2,786,898	12,413,876
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,570,836)	(1,570,836)	XXX	(5,489,525)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,062,382	4,062,382
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	479,981	XXX	479,981
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,090,855)	XXX	(947,162)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	195,618	195,618	31,570	227,188
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	195,618	195,618	31,570	227,188
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	5	5
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	2,368,260	2,368,260	366,585	2,734,845

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9					
		1	2	3	4	5	6	7	8						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:															
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	123,046,999	123,046,999	
1.2 Unearned premium prior year														0	
1.3 Unearned premium current year														0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	649,282	649,282	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	279,524	279,524	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,247,273	1,247,273	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(967,749)	(967,749)	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	64,844	64,844	
1.10 Group conversion charge														0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	122,982,155	122,982,155	
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,081)	(2,081)	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(24,750,722)	(24,750,722)	
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,081)	(2,081)	
1.15 Other Adjustments due to MLR calculation - Premiums														0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	98,549,900	98,549,900	
2. Direct Claims Incurred:															
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	102,282,137	102,282,137	
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	324,484	324,484	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	228,806	228,806	
2.4 Direct claim reserves current year														0	
2.5 Direct claim reserves prior year														0	
2.6 Direct contract reserves current year														0	
2.7 Direct contract reserves prior year														0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	649,282	649,282	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	279,524	279,524	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,247,273	1,247,273	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	8,049	8,049	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	35,929	35,929	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,917	1,917	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	29,797	29,797	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(5,190,768)	(5,190,768)	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	20,056,051	20,056,051	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	25,246,819	25,246,819	
2.13 Group conversion charge														0	
2.14 Multi-option coverage blended rate adjustment														0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	107,258,165	107,258,165	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,480)	(7,480)	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(21,160,820)	(21,160,820)	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(7,480)	(7,480)	
2.19 Other adjustments due to MLR calculation - Claims														0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	86,415,812	86,415,812	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12		13		14		15	
																		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Subtotal (Cols. 1 through 12)		Uninsured Plans		Total 13 + 14	
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business												
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		57,011,180		57,011,180		XXX		57,011,180	
1.2 Federal high risk pools .....																		0		0		XXX		0	
1.3 State high risk pools .....																		0		0		XXX		0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		57,011,180		57,011,180		XXX		57,011,180	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(146,166)		(146,166)		0		(146,166)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		51,560		51,560		0		51,560	
1.6a Community Benefit Expenditures (informational only) .....																		0		0				0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0		0	0	0		0		10,086		10,086		0		10,086	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		57,095,700		57,095,700		XXX		57,095,700	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(11,587,800)		(11,587,800)		XXX		(11,587,800)	
1.10 Other Adjustments due to MLR calculations - Premiums .....																		0		0		XXX		0	
1.11 Risk Revenue .....																		0		0		XXX		0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		45,507,900		45,507,900		XXX		45,507,900	
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(655,838)		(655,838)		XXX		(655,838)	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0		0	0	0		0		115,873,062		115,873,062		XXX		115,873,062	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0		0	0	0		0		64,293,739		64,293,739		XXX		64,293,739	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																		0		0		XXX		0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0		0	0	0		0		3,859		3,859		XXX		3,859	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		0		0				0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		50,927,344		50,927,344		XXX		50,927,344	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0		0	0	0		0		(10,146,650)		(10,146,650)		XXX		(10,146,650)	
5.2 Other Adjustments due to MLR calculations - Claims .....																		0		0		XXX		0	
5.3 Rebates paid .....														XXX		XXX		0		0		XXX		0	
5.4 Estimated rebates unpaid prior year .....														XXX		XXX		0		0		XXX		0	
5.5 Estimated rebates unpaid current year .....														XXX		XXX		0		0		XXX		0	
5.6 Fee for service and co-pay revenue .....																		0		0		XXX		0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		40,780,694		40,780,694		XXX		40,780,694	
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....												0	0	0		0		428,936		428,936		154,314		583,250	
6.2 Activities to prevent hospital readmissions .....																		0		0				0	
6.3 Improve patient safety and reduce medical errors .....																		0		0				0	
6.4 Wellness and health promotion activities .....																		0		0				0	
6.5 Health Information Technology expenses related to health improvement .....																		0		0				0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		428,936		428,936		154,314		583,250	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		XXX	XXX	0.899		XXX		XXX		XXX		XXX		XXX	
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																		0		0				0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0		0	0	0		0		956,688		956,688		370,353		1,327,041	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0		0	0	0		0		956,688		956,688		370,353		1,327,041	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.017		XXX		XXX		XXX		XXX		XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....426	.....426		.....426
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,409,662	.....1,409,662	.....0	.....1,409,662
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,052,740	.....3,052,740	.....1,291,930	.....4,344,670
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,462,828	4,462,828	1,291,930	5,754,758
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,121,246)	(1,121,246)	XXX	(2,937,843)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,883,209	1,883,209
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219,681	XXX	219,681
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(901,565)	XXX	(834,953)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	85,205	85,205	37,418	122,623
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	85,205	85,205	37,418	122,623
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,012,824	1,012,824	449,295	1,462,119

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
				Business Subject to MLR						9	10	11	12	13			
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:								
				1	2	3	4	5	6						7	8	
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	57,041,539	57,041,539	
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	(262,658)	(262,658)	
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	130,867	130,867	
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	524,047	524,047	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	(393,180)	(393,180)	
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	30,359	30,359	
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	57,011,180	57,011,180	
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(465)	(465)	
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	(11,587,800)	(11,587,800)	
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(465)	(465)	
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	46,079,218	46,079,218	
2. Direct Claims Incurred:																	
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	49,923,628	49,923,628	
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	155,591	155,591	
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	101,674	101,674	
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	(262,658)	(262,658)	
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	130,867	130,867	
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	524,047	524,047	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	3,859	3,859	
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	16,179	16,179	
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	919	919	
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	13,239	13,239	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	(1,601,778)	(1,601,778)	
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	9,616,911	9,616,911	
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	11,218,689	11,218,689	
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	50,927,344	50,927,344	
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(2,222)	(2,222)	
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	(10,146,650)	(10,146,650)	
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(2,222)	(2,222)	
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	41,436,532	41,436,532	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2018		(LOCATION) NAIC Company Code					
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.OK

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ ..... for affiliated services) .....										
	7.2 Outsourced Services .....										
	7.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	7.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	7.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	7.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6) .....										
	7.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	7.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	7.10 Total (7.7 to 7.9) .....										
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ ..... for affiliated services) .....										
	8.2 Outsourced Services .....										
	8.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	8.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	8.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....					XXX					
	8.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6) .....										
	8.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	8.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	8.10 Total (8.7 to 8.9) .....										
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ ..... for affiliated services) .....										
	9.2 Outsourced Services .....										
	9.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	9.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	9.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	9.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6) .....										
	9.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	9.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	9.10 Total (9.7 to 9.9) .....										
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company 2. 445 Great Circle Road Nashville, TN 37228

REPORT FOR: 1. CORPORATION

2. 445 Great Circle Road Nashville, TN 37228

[illegible]

216-1.0R



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....207	.....207		.....207
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....684,715	.....684,715	.....0	.....684,715
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,482,808	.....1,482,808	.....627,531	.....2,110,339
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	2,167,730	2,167,730	627,531	2,795,261
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	1,219,325	1,219,325	XXX	336,947
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	914,734	914,734
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109,720	XXX	109,720
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,329,045	XXX	1,361,401
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	39,374	39,374	3,331	42,705
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	39,374	39,374	3,331	42,705
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	463,853	463,853	40,208	504,061

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code			0001			BUSINESS IN THE STATE OF			Oregon			DURING THE YEAR			2018			(LOCATION)			NAIC Company Code			12575		
			Business Subject to MLR										10	11	12	13										
			Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9															
			1	2	3	4	5	6	7	8																
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)											
1. Health Premiums Earned:																										
1.1 Direct premiums written			0	0	0	0	0	0	0	0	0	0	0	27,706,793	27,706,793											
1.2 Unearned premium prior year															0											
1.3 Unearned premium current year															0											
1.4 Change in unearned premium (Lines 1.2 - 1.3)			0	0	0	0	0	0	0	0	0	0	0	0	0											
1.5 Paid rate credits			0	0	0	0	0	0	0	0	0	0	0	7,602	7,602											
1.6 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	0	0	63,258	63,258											
1.7 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	0	0	250,918	250,918											
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)			0	0	0	0	0	0	0	0	0	0	0	(187,660)	(187,660)											
1.9 Premium balances written off			0	0	0	0	0	0	0	0	0	0	0	14,675	14,675											
1.10 Group conversion charge															0											
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)			0	0	0	0	0	0	0	0	0	0	0	27,692,118	27,692,118											
1.12 Assumed premiums earned from non-affiliates			0	0	0	0	0	0	0	0	0	0	0	(358)	(358)											
1.13 Net Assumed less Ceded premiums earned from affiliates			0	0	0	0	0	0	0	0	0	0	0	(5,601,207)	(5,601,207)											
1.14 Ceded premiums earned to non-affiliates			0	0	0	0	0	0	0	0	0	0	0	(358)	(358)											
1.15 Other Adjustments due to MLR calculation - Premiums															0											
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)			0	0	0	0	0	0	0	0	0	0	0	22,270,969	22,270,969											
2. Direct Claims Incurred:																										
2.1 Paid claims during the year			0	0	0	0	0	0	0	0	0	0	0	18,687,568	18,687,568											
2.2 Direct claim liability current year			0	0	0	0	0	0	0	0	0	0	0	58,657	58,657											
2.3 Direct claim liability prior year			0	0	0	0	0	0	0	0	0	0	0	39,549	39,549											
2.4 Direct claim reserves current year															0											
2.5 Direct claim reserves prior year															0											
2.6 Direct contract reserves current year															0											
2.7 Direct contract reserves prior year															0											
2.8 Paid rate credits			0	0	0	0	0	0	0	0	0	0	0	7,602	7,602											
2.9 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	0	0	63,258	63,258											
2.10 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	0	0	250,918	250,918											
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)			0	0	0	0	0	0	0	0	0	0	0	1,455	1,455											
2.11a Paid medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	6,261	6,261											
2.11b Accrued medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	0	0	347	347											
2.11c Accrued medical incentive pools and bonuses prior year			0	0	0	0	0	0	0	0	0	0	0	5,153	5,153											
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)			0	0	0	0	0	0	0	0	0	0	0	(738,641)	(738,641)											
2.12a Healthcare receivables current year			0	0	0	0	0	0	0	0	0	0	0	3,625,559	3,625,559											
2.12b Healthcare receivables prior year			0	0	0	0	0	0	0	0	0	0	0	4,364,200	4,364,200											
2.13 Group conversion charge															0											
2.14 Multi-option coverage blended rate adjustment															0											
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)			0	0	0	0	0	0	0	0	0	0	0	19,266,714	19,266,714											
2.16 Assumed incurred claims from non-affiliates			0	0	0	0	0	0	0	0	0	0	0	(973)	(973)											
2.17 Net assumed less ceded incurred claims from affiliates			0	0	0	0	0	0	0	0	0	0	0	(3,825,270)	(3,825,270)											
2.18 Ceded incurred claims to non-affiliates			0	0	0	0	0	0	0	0	0	0	0	(973)	(973)											
2.19 Other adjustments due to MLR calculation - Claims															0											
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)			0	0	0	0	0	0	0	0	0	0	0	15,621,502	15,621,502											
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)															0											

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Oregon		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses	9	10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4. OR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-5.0R





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Mini-Med Plans															
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7	8	Student Health Plans	Government Business (excluded by statute)						
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	160,961,701	160,961,701	XXX	160,961,701
1.2 Federal high risk pools .....														0	0	XXX	0
1.3 State high risk pools .....														0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	160,961,701	160,961,701	XXX	160,961,701
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	3,807,889	3,807,889	0	3,807,889
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	145,572	145,572	0	145,572
1.6a Community Benefit Expenditures (informational only) .....														0	0		0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	28,477	28,477	0	28,477
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	156,979,763	156,979,763	XXX	156,979,763
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(32,550,259)	(32,550,259)	XXX	(32,550,259)
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	0	XXX	0
1.11 Risk Revenue .....														0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	124,429,504	124,429,504	XXX	124,429,504
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(913,847)	(913,847)	XXX	(913,847)
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	305,272,336	305,272,336	XXX	305,272,336
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	169,384,494	169,384,494	XXX	169,384,494
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	0	XXX	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	10,168	10,168	XXX	10,168
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0			0	0		0
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	134,984,163	134,984,163	XXX	134,984,163
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(26,731,765)	(26,731,765)	XXX	(26,731,765)
5.2 Other Adjustments due to MLR calculations - Claims .....														0	0	XXX	0
5.3 Rebates paid .....												XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year .....												XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year .....												XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue .....														0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	108,252,398	108,252,398	XXX	108,252,398
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....												0	0	1,211,028	1,211,028	435,680	1,646,708
6.2 Activities to prevent hospital readmissions .....														0	0		0
6.3 Improve patient safety and reduce medical errors .....														0	0		0
6.4 Wellness and health promotion activities .....														0	0		0
6.5 Health Information Technology expenses related to health improvement .....														0	0		0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	1,211,028	1,211,028	435,680	1,646,708
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.868	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0	0		0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	2,701,044	2,701,044	1,045,632	3,746,676
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	2,701,044	2,701,044	1,045,632	3,746,676
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1,203	.1,203		.1,203
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,979,939	3,979,939	.0	3,979,939
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,618,887	8,618,887	3,647,552	12,266,439
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	12,600,029	12,600,029	3,647,552	16,247,581
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(334,995)	(334,995)	XXX	(5,463,859)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,316,933	5,316,933
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	624,696	XXX	624,696
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	289,701	XXX	477,770
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	225,681	225,681	101,061	326,742
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	225,681	225,681	101,061	326,742
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	2	2	9	11
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	2,713,741	2,713,741	1,105,926	3,819,667

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	161,046,979	161,046,979			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	78,851	78,851			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	367,608	367,608			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,360,306	1,360,306			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(992,698)	(992,698)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	85,278	85,278			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	160,961,701	160,961,701			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,511)	(3,511)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(32,550,259)	(32,550,259)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,511)	(3,511)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	129,325,289	129,325,289			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	131,972,543	131,972,543			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	409,909	409,909			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	263,778	263,778			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	78,851	78,851			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	367,608	367,608			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	1,360,306	1,360,306			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	10,168	10,168			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	42,093	42,093			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	2,422	2,422			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	34,347	34,347			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(3,769,168)	(3,769,168)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	25,336,148	25,336,148			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	29,105,316	29,105,316			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	134,984,163	134,984,163			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(9,922)	(9,922)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(26,731,765)	(26,731,765)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(9,922)	(9,922)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	109,166,245	109,166,245			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses	9	10	
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.PA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.PA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-6.PA



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,361,511	9,361,511	XXX	9,361,511	0	0	0	0
1.2 Federal high risk pools .....																0	0	XXX	0	0	0	0	0
1.3 State high risk pools .....																0	0	XXX	0	0	0	0	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,361,511	9,361,511	XXX	9,361,511	0	0	0	0
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	603,035	603,035	0	603,035	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,466	8,466	0	8,466	0	0	0	0
1.6a Community Benefit Expenditures (informational only) .....																0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,656	1,656	0	1,656	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,748,354	8,748,354	XXX	8,748,354	0	0	0	0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,893,730)	(1,893,730)	XXX	(1,893,730)	0	0	0	0
1.10 Other Adjustments due to MLR calculations - Premiums .....																0	0	XXX	0	0	0	0	0
1.11 Risk Revenue .....																0	0	XXX	0	0	0	0	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,854,624	6,854,624	XXX	6,854,624	0	0	0	0
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(68,064)	(68,064)	XXX	(68,064)	0	0	0	0
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,015,667	16,015,667	XXX	16,015,667	0	0	0	0
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,886,510	8,886,510	XXX	8,886,510	0	0	0	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																0	0	XXX	0	0	0	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	533	533	XXX	533	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0					0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,061,626	7,061,626	XXX	7,061,626	0	0	0	0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,402,443)	(1,402,443)	XXX	(1,402,443)	0	0	0	0
5.2 Other Adjustments due to MLR calculations - Claims .....																0	0	XXX	0	0	0	0	0
5.3 Rebates paid .....																0	0	XXX	0	0	0	0	0
5.4 Estimated rebates unpaid prior year .....																0	0	XXX	0	0	0	0	0
5.5 Estimated rebates unpaid current year .....																0	0	XXX	0	0	0	0	0
5.6 Fee for service and co-pay revenue .....																0	0	XXX	0	0	0	0	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,659,183	5,659,183	XXX	5,659,183	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																70,433	70,433	25,339	95,772	0	0	0	0
6.2 Activities to prevent hospital readmissions .....																0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....																0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities .....																0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement .....																0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,433	70,433	25,339	95,772	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.815	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,092	157,092	60,814	217,906	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,092	157,092	60,814	217,906	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

216-1.R1

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....70	.....70		.....70
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....231,473	.....231,473	.....0	.....231,473
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....501,273	.....501,273	.....212,141	.....713,414
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	732,816	732,816	212,141	944,957
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	235,100	235,100	XXX	(63,194)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309,232	309,232
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,063	XXX	38,063
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	273,163	XXX	284,101
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	12,038	12,038	2,469	14,507
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	12,038	12,038	2,469	14,507
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	151,729	151,729	28,936	180,665

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9					
		1	2	3	4	5	6	7	8						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:															
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	9,366,472	9,366,472	
1.2 Unearned premium prior year														0	
1.3 Unearned premium current year														0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,564	1,564	
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	21,387	21,387	
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	91,015	91,015	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(69,628)	(69,628)	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	4,961	4,961	
1.10 Group conversion charge														0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	9,361,511	9,361,511	
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(806)	(806)	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,893,730)	(1,893,730)	
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(806)	(806)	
1.15 Other Adjustments due to MLR calculation - Premiums														0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	7,535,845	7,535,845	
2. Direct Claims Incurred:															
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	6,633,649	6,633,649	
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	21,505	21,505	
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	16,489	16,489	
2.4 Direct claim reserves current year														0	
2.5 Direct claim reserves prior year														0	
2.6 Direct contract reserves current year														0	
2.7 Direct contract reserves prior year														0	
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,564	1,564	
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	21,387	21,387	
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	91,015	91,015	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	533	533	
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	2,556	2,556	
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	127	127	
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	2,150	2,150	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(490,492)	(490,492)	
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	1,329,224	1,329,224	
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	1,819,716	1,819,716	
2.13 Group conversion charge														0	
2.14 Multi-option coverage blended rate adjustment														0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	7,061,626	7,061,626	
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(891)	(891)	
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,402,443)	(1,402,443)	
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(891)	(891)	
2.19 Other adjustments due to MLR calculation - Claims														0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	5,727,247	5,727,247	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.R1

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		910	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.RI

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.R







SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15	
					Mini-Med Plans												
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56,746,976	56,746,976	XXX	56,746,976	
1.2 Federal high risk pools .....													.0	XXX	.0		
1.3 State high risk pools .....													.0	XXX	.0		
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56,746,976	56,746,976	XXX	56,746,976	
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(1,407,416)	(1,407,416)	.0	(1,407,416)	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	51,322	51,322	.0	51,322	
1.6a Community Benefit Expenditures (informational only) .....														.0		.0	
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	10,040	10,040	.0	10,040	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	58,093,030	58,093,030	XXX	58,093,030	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(11,464,298)	(11,464,298)	XXX	(11,464,298)	
1.10 Other Adjustments due to MLR calculations - Premiums .....														.0	XXX	.0	
1.11 Risk Revenue .....														.0	XXX	.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	46,628,732	46,628,732	XXX	46,628,732	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(282,303)	(282,303)	XXX	(282,303)	
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	120,411,967	120,411,967	XXX	120,411,967	
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	66,812,212	66,812,212	XXX	66,812,212	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX	0		
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	4,011	4,011	XXX	4,011	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	53,321,463	53,321,463	XXX	53,321,463	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(10,544,108)	(10,544,108)	XXX	(10,544,108)	
5.2 Other Adjustments due to MLR calculations - Claims .....													.0	XXX	.0		
5.3 Rebates paid .....											XXX	XXX	.0	XXX	.0		
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	.0	XXX	.0		
5.5 Estimated rebates unpaid current year .....											XXX	XXX	.0	XXX	.0		
5.6 Fee for service and co-pay revenue .....													.0	XXX	.0		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	42,777,355	42,777,355	XXX	42,777,355	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											.0	.0	426,947	426,947	153,599	580,546	
6.2 Activities to prevent hospital readmissions .....													.0	.0		.0	
6.3 Improve patient safety and reduce medical errors .....													.0	.0		.0	
6.4 Wellness and health promotion activities .....													.0	.0		.0	
6.5 Health Information Technology expenses related to health improvement .....													.0	.0		.0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	426,947	426,947	153,599	580,546	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.925	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													.0	.0		.0	
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	952,252	952,252	368,637	1,320,889	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	952,252	952,252	368,637	1,320,889	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	XXX	XXX	XXX	

216-1.SC

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....424	.....424		.....424
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,403,125	1,403,125	.....0	1,403,125
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	3,038,583	3,038,583	1,285,943	4,324,526
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0	.....0	.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,442,132	4,442,132	1,285,943	5,728,075
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,969,954)	(1,969,954)	XXX	(3,778,133)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,874,483	1,874,483
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224,879	XXX	224,879
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,745,075)	XXX	(1,678,771)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	97,384	97,384	12,277	109,661
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	97,384	97,384	12,277	109,661
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,154,493	1,154,493	145,428	1,299,921

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13		
		Mini-Med Plans							Student Health Plans								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group			Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	56,777,011	56,777,011		
1.2 Unearned premium prior year														0	0		
1.3 Unearned premium current year														0	0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	83,558	83,558		
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	129,473	129,473		
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	495,334	495,334		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(365,861)	(365,861)		
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	30,035	30,035		
1.10 Group conversion charge														0	0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	56,746,976	56,746,976		
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,331)	(1,331)		
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(11,464,298)	(11,464,298)		
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,331)	(1,331)		
1.15 Other Adjustments due to MLR calculation - Premiums														0	0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	45,564,981	45,564,981		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	52,039,075	52,039,075		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	161,686	161,686		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	104,192	104,192		
2.4 Direct claim reserves current year														0	0		
2.5 Direct claim reserves prior year														0	0		
2.6 Direct contract reserves current year														0	0		
2.7 Direct contract reserves prior year														0	0		
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	83,558	83,558		
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	129,473	129,473		
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	495,334	495,334		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	4,011	4,011		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	16,626	16,626		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	955	955		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	13,570	13,570		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(1,503,186)	(1,503,186)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	9,993,619	9,993,619		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	11,496,805	11,496,805		
2.13 Group conversion charge														0	0		
2.14 Multi-option coverage blended rate adjustment														0	0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	53,321,463	53,321,463		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(4,501)	(4,501)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(10,544,108)	(10,544,108)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(4,501)	(4,501)		
2.19 Other adjustments due to MLR calculation - Claims														0	0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	43,059,658	43,059,658		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-SC

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.SC

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company 2. 445 Great Circle Road Nashville, TN 37228

REPORT FOR: 1. CORPORATION

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code	0001	BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR				2018		(LOCATION)	NAIC Company Code		12575				
						Business Subject to MLR				10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15				
						Comprehensive Health Coverage			Mini-Med Plans							Expatriate Plans		9	
						1	2 Small Group Employer	3 Large Group Employer	4							5 Small Group Employer	6 Large Group Employer		7 Small Group
						Individual			Individual			Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14		
1. Premium:																			
1.1 Health premiums earned (From Part 2, Line 1.11) .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.2 Federal high risk pools .....															.0	XXX	.0		
1.3 State high risk pools .....															.0	XXX	.0		
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.5 Federal taxes and federal assessments .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.6a Community Benefit Expenditures (informational only) .....															.0		.0		
1.7 Regulatory authority licenses and fees .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
1.10 Other Adjustments due to MLR calculations - Premiums .....															.0	XXX	.0		
1.11 Risk Revenue .....															.0	XXX	.0		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Claims:																			
2.1 Incurred claims excluding prescription drugs .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.2 Prescription drugs .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.3 Pharmaceutical rebates .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....															.0	XXX	.0		
3. Incurred medical incentive pools and bonuses .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.2 Other Adjustments due to MLR calculations - Claims .....															.0	XXX	.0		
5.3 Rebates paid .....													XXX	XXX	.0	XXX	.0		
5.4 Estimated rebates unpaid prior year .....													XXX	XXX	.0	XXX	.0		
5.5 Estimated rebates unpaid current year .....													XXX	XXX	.0	XXX	.0		
5.6 Fee for service and co-pay revenue .....															.0	XXX	.0		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																			
6.1 Improve health outcomes .....													.0	.0	.0	.0	.0	.0	
6.2 Activities to prevent hospital readmissions .....															.0		.0		
6.3 Improve patient safety and reduce medical errors .....															.0		.0		
6.4 Wellness and health promotion activities .....															.0		.0		
6.5 Health Information Technology expenses related to health improvement.....															.0		.0		
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....						0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
8. Claims Adjustment Expenses:																			
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....															.0		.0		
8.2 All other claims adjustment expenses.....						.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....						0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....						0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	

216-1.SD



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....95	.....95		.....95
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....313,970	.....313,970	.....0	.....313,970
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....679,928	.....679,928	.....287,748	.....967,676
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	993,993	993,993	287,748	1,281,741
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(455,867)	(455,867)	XXX	(860,473)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	419,442	419,442
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	545,600	XXX	545,600
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89,733	XXX	104,569
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	19,069	19,069	472	19,541
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	19,069	19,069	472	19,541
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	225,603	225,603	5,556	231,159

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575			
								Business Subject to MLR								10	11	12	13
								Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:		9				
		1	2	3	4	5	6	7	8										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)					
1. Health Premiums Earned:																			
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	12,704,694	12,704,694					
1.2 Unearned premium prior year													0	0					
1.3 Unearned premium current year													0	0					
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0					
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(3,902)	(3,902)					
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	29,023	29,023					
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	116,457	116,457					
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(87,434)	(87,434)					
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	6,733	6,733					
1.10 Group conversion charge													0	0					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	12,697,961	12,697,961					
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(98)	(98)					
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,569,876)	(2,569,876)					
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(98)	(98)					
1.15 Other Adjustments due to MLR calculation - Premiums													0	0					
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	10,219,421	10,219,421					
2. Direct Claims Incurred:																			
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	10,776,511	10,776,511					
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	33,640	33,640					
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	22,143	22,143					
2.4 Direct claim reserves current year													0	0					
2.5 Direct claim reserves prior year													0	0					
2.6 Direct contract reserves current year													0	0					
2.7 Direct contract reserves prior year													0	0					
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(3,902)	(3,902)					
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	29,023	29,023					
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	116,457	116,457					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	834	834					
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	3,518	3,518					
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	199	199					
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	2,883	2,883					
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(363,954)	(363,954)					
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	2,079,272	2,079,272					
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	2,443,226	2,443,226					
2.13 Group conversion charge													0	0					
2.14 Multi-option coverage blended rate adjustment													0	0					
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	11,061,460	11,061,460					
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(285)	(285)					
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,193,806)	(2,193,806)					
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(285)	(285)					
2.19 Other adjustments due to MLR calculation - Claims													0	0					
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	8,958,990	8,958,990					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.SD

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Tennessee		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15	
		Mini-Med Plans					Student Health Plans										
		1	2	3	4	5		6	7								8
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.67,077,143	.67,077,143	XXX	.67,077,143	
1.2 Federal high risk pools .....													.0	XXX		.0	
1.3 State high risk pools .....													.0	XXX		.0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.67,077,143	.67,077,143	XXX	.67,077,143	
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,605,712	1,605,712	.0	1,605,712	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.60,664	.60,664	.0	.60,664	
1.6a Community Benefit Expenditures (informational only) .....					.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		.0	
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.11,867	.11,867	.0	.11,867	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.65,398,900	.65,398,900	XXX	.65,398,900	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(13,567,881)	(13,567,881)	XXX	(13,567,881)	
1.10 Other Adjustments due to MLR calculations - Premiums .....													.0	XXX		.0	
1.11 Risk Revenue .....													.0	XXX		.0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	51,831,019	51,831,019	XXX	51,831,019	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(445,817)	(445,817)	XXX	(445,817)	
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	127,319,566	127,319,566	XXX	127,319,566	
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	70,644,987	70,644,987	XXX	70,644,987	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX		0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	4,241	4,241	XXX	4,241	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0		0		0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56,233,003	56,233,003	XXX	56,233,003	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(11,148,985)	(11,148,985)	XXX	(11,148,985)	
5.2 Other Adjustments due to MLR calculations - Claims .....													.0	XXX		.0	
5.3 Rebates paid .....											XXX	XXX	.0	XXX		.0	
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	.0	XXX		.0	
5.5 Estimated rebates unpaid current year .....											XXX	XXX	.0	XXX		.0	
5.6 Fee for service and co-pay revenue .....													.0	XXX		.0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	45,084,018	45,084,018	XXX	45,084,018	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											.0	.0	504,668	504,668	181,560	686,228	
6.2 Activities to prevent hospital readmissions .....													.0			.0	
6.3 Improve patient safety and reduce medical errors .....													.0			.0	
6.4 Wellness and health promotion activities .....													.0			.0	
6.5 Health Information Technology expenses related to health improvement .....													.0			.0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	504,668	504,668	181,560	686,228	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.868	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													.0			.0	
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,125,599	1,125,599	435,743	1,561,342	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,125,599	1,125,599	435,743	1,561,342	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX	

216-1.TN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....501	.....501		.....501
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,658,550	.....1,658,550	.....0	.....1,658,550
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3,591,726	.....3,591,726	.....1,520,035	.....5,111,761
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	5,250,777	5,250,777	1,520,035	6,770,812
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(134,043)	(134,043)	XXX	(2,271,381)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,215,711	2,215,711
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	267,438	XXX	267,438
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133,395	XXX	211,768
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	107,738	107,738	10,578	118,316
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	107,738	107,738	10,578	118,316
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	1	1
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	1,273,336	1,273,336	125,748	1,399,084

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

216-3.TN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Tennessee		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
				Business Subject to MLR						9	10	11	12	13			
				Comprehensive Health Coverage			Mini-Med Plans								Expatriate Plans:		
				1	2	3	4	5	6						7	8	
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	67,112,689	67,112,689	
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	16,561	16,561	
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	153,230	153,230	
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	615,608	615,608	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	(462,378)	(462,378)	
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	35,546	35,546	
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	67,077,143	67,077,143	
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(1,507)	(1,507)	
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	(13,567,881)	(13,567,881)	
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(1,507)	(1,507)	
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	53,955,079	53,955,079	
2. Direct Claims Incurred:																	
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	54,359,978	54,359,978	
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	170,961	170,961	
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	116,248	116,248	
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	16,561	16,561	
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	153,230	153,230	
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	615,608	615,608	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	4,241	4,241	
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	18,368	18,368	
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	1,010	1,010	
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	15,137	15,137	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	(2,259,888)	(2,259,888)	
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	10,566,917	10,566,917	
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	12,826,805	12,826,805	
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	56,233,003	56,233,003	
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(5,123)	(5,123)	
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	(11,148,985)	(11,148,985)	
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(5,123)	(5,123)	
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	45,529,835	45,529,835	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR				(LOCATION) 2018 NAIC Company Code			
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1  Improve Health Outcomes	2  Activities to Prevent Hospital Readmissions	3  Improve Patient Safety and Reduce Medical Errors	4  Wellness & Health Promotion Activities	5  HIT Expenses	6  Total (1 to 5)	7  Cost Containment Expenses	8  Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.TN

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Texas		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575				
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10	11	12	13	14	15	
														Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
		1	2	3	4	5	6	7	8	Student Health Plans										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group											
1. Premium:																				
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,345,072	174,345,072	XXX	174,345,072
1.2 Federal high risk pools .....																	0	XXX	0	
1.3 State high risk pools .....																	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,345,072	174,345,072	XXX	174,345,072
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,680,921	2,680,921	0	2,680,921
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,676	157,676	0	157,676
1.6a Community Benefit Expenditures (informational only) .....																	0	0	0	0
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30,845	30,845	0	30,845
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	171,475,630	171,475,630	XXX	171,475,630
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(35,133,799)	(35,133,799)	XXX	(35,133,799)
1.10 Other Adjustments due to MLR calculations - Premiums .....																	0	XXX	0	
1.11 Risk Revenue .....																	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,341,831	136,341,831	XXX	136,341,831
2. Claims:																				
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(369,402)	(369,402)	XXX	(369,402)
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	336,060,042	336,060,042	XXX	336,060,042
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	186,467,470	186,467,470	XXX	186,467,470
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																	0	XXX	0	0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,193	11,193	XXX	11,193
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149,234,363	149,234,363	XXX	149,234,363
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(29,427,751)	(29,427,751)	XXX	(29,427,751)
5.2 Other Adjustments due to MLR calculations - Claims .....																	0	XXX	0	
5.3 Rebates paid .....														XXX	XXX		0	XXX	0	
5.4 Estimated rebates unpaid prior year .....														XXX	XXX		0	XXX	0	
5.5 Estimated rebates unpaid current year .....														XXX	XXX		0	XXX	0	
5.6 Fee for service and co-pay revenue .....																	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	119,806,612	119,806,612	XXX	119,806,612
6. Improving Health Care Quality Expenses Incurred:																				
6.1 Improve health outcomes .....														0	0	0	1,311,718	1,311,718	471,905	1,783,623
6.2 Activities to prevent hospital readmissions .....																	0	0	0	0
6.3 Improve patient safety and reduce medical errors .....																	0	0	0	0
6.4 Wellness and health promotion activities .....																	0	0	0	0
6.5 Health Information Technology expenses related to health improvement .....																	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,311,718	1,311,718	471,905	1,783,623
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.878	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																				
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																	0	0	0	0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,925,621	2,925,621	1,132,572	4,058,193
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,925,621	2,925,621	1,132,572	4,058,193
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,303	.....1,303		.....1,303
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	4,310,849	4,310,849	.....0	4,310,849
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	9,335,499	9,335,499	3,950,833	13,286,332
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	13,647,651	13,647,651	3,950,833	17,598,484
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,349,771)	(1,349,771)	XXX	(6,905,081)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,759,016	5,759,016
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	693,849	XXX	693,849
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(655,922)	XXX	(452,216)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	279,350	279,350	202,522	481,872
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	279,350	279,350	202,522	481,872
3. Number of Groups	XXX	0		XXX	0	0	0	0	0	0	0		0	5	5
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	3,263,697	3,263,697	2,295,354	5,559,051

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code			BUSINESS IN THE STATE OF			DURING THE YEAR				(LOCATION)			
0001			Texas			2018				NAIC Company Code			
						Business Subject to MLR				12575			
			Comprehensive Health Coverage			Mini-Med Plans			9	10	11	12	13
			1	2	3	4	5	6					
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written			0	0	0	0	0	0	0	0	0	174,437,119	174,437,119
1.2 Unearned premium prior year													0
1.3 Unearned premium current year													0
1.4 Change in unearned premium (Lines 1.2 - 1.3)			0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits			0	0	0	0	0	0	0	0	0	692,825	692,825
1.6 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	396,786	396,786
1.7 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	1,459,013	1,459,013
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)			0	0	0	0	0	0	0	0	0	(1,062,227)	(1,062,227)
1.9 Premium balances written off			0	0	0	0	0	0	0	0	0	92,047	92,047
1.10 Group conversion charge													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)			0	0	0	0	0	0	0	0	0	174,345,072	174,345,072
1.12 Assumed premiums earned from non-affiliates			0		0	0	0	0	0	0	0	(3,850)	(3,850)
1.13 Net Assumed less Ceded premiums earned from affiliates			0	0	0	0	0	0	0	0	0	(35,133,799)	(35,133,799)
1.14 Ceded premiums earned to non-affiliates			0	0	0	0	0	0	0	0	0	(3,850)	(3,850)
1.15 Other Adjustments due to MLR calculation - Premiums													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)			0	0	0	0	0	0	0	0	0	139,580,675	139,580,675
2. Direct Claims Incurred:													
2.1 Paid claims during the year			0	0	0	0	0	0	0	0	0	142,599,758	142,599,758
2.2 Direct claim liability current year			0	0	0	0	0	0	0	0	0	451,250	451,250
2.3 Direct claim liability prior year			0	0	0	0	0	0	0	0	0	314,915	314,915
2.4 Direct claim reserves current year													0
2.5 Direct claim reserves prior year													0
2.6 Direct contract reserves current year													0
2.7 Direct contract reserves prior year													0
2.8 Paid rate credits			0	0	0	0	0	0	0	0	0	692,825	692,825
2.9 Reserve for rate credits current year			0	0	0	0	0	0	0	0	0	396,786	396,786
2.10 Reserve for rate credits prior year			0	0	0	0	0	0	0	0	0	1,459,013	1,459,013
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)			0	0	0	0	0	0	0	0	0	11,193	11,193
2.11a Paid medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	49,534	49,534
2.11b Accrued medical incentive pools and bonuses current year			0	0	0	0	0	0	0	0	0	2,666	2,666
2.11c Accrued medical incentive pools and bonuses prior year			0	0	0	0	0	0	0	0	0	41,007	41,007
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)			0	0	0	0	0	0	0	0	0	(6,856,479)	(6,856,479)
2.12a Healthcare receivables current year			0	0	0	0	0	0	0	0	0	27,891,381	27,891,381
2.12b Healthcare receivables prior year			0	0	0	0	0	0	0	0	0	34,747,860	34,747,860
2.13 Group conversion charge													0
2.14 Multi-option coverage blended rate adjustment													0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)			0	0	0	0	0	0	0	0	0	149,234,363	149,234,363
2.16 Assumed incurred claims from non-affiliates			0	0	0	0	0	0	0	0	0	(12,536)	(12,536)
2.17 Net assumed less ceded incurred claims from affiliates			0	0	0	0	0	0	0	0	0	(29,427,751)	(29,427,751)
2.18 Ceded incurred claims to non-affiliates			0		0	0	0	0	0	0	0	(12,536)	(12,536)
2.19 Other adjustments due to MLR calculation - Claims													0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)			0	0	0	0	0	0	0	0	0	120,176,014	120,176,014
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3.TX

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Texas		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses	9	10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.TX

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.TX



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,057,925	12,057,925	XXX	12,057,925	0	0	0	0
1.2 Federal high risk pools																0	0	XXX	0				0
1.3 State high risk pools																0	0	XXX	0				0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,057,925	12,057,925	XXX	12,057,925	0	0	0	0
1.5 Federal taxes and federal assessments		0	0	0	0	0	0	0	0	0	0	0	0	0	0	464,362	464,362		0	464,362		464,362	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ )		0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,905	10,905		0	10,905		10,905	
1.6a Community Benefit Expenditures (informational only)																0	0		0	0		0	
1.7 Regulatory authority licenses and fees		0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,133	2,133		0	2,133		2,133	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,580,525	11,580,525	XXX	11,580,525				0
1.9 Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,355,466)	(2,355,466)	XXX	(2,355,466)				0
1.10 Other Adjustments due to MLR calculations - Premiums																0	0	XXX	0				0
1.11 Risk Revenue																0	0	XXX	0				0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,225,059	9,225,059	XXX	9,225,059				0
2. Claims:																							
2.1 Incurred claims excluding prescription drugs		0	0	0	0	0	0	0	0	0	0	0	0	0	0	333,469	333,469	XXX	333,469				0
2.2 Prescription drugs		0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,143,167	21,143,167	XXX	21,143,167				0
2.3 Pharmaceutical rebates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,731,573	11,731,573	XXX	11,731,573				0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)																0	0	XXX	0				0
3. Incurred medical incentive pools and bonuses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	704	704	XXX	704				0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,745,767	9,745,767	XXX	9,745,767				0
5.1 Net Assumed less Ceded reinsurance claims incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,851,443)	(1,851,443)	XXX	(1,851,443)				0
5.2 Other Adjustments due to MLR calculations - Claims																0	0	XXX	0				0
5.3 Rebates paid																0	0	XXX	0				0
5.4 Estimated rebates unpaid prior year																0	0	XXX	0				0
5.5 Estimated rebates unpaid current year																0	0	XXX	0				0
5.6 Fee for service and co-pay revenue																0	0	XXX	0				0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,894,324	7,894,324	XXX	7,894,324				0
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes																90,719	90,719		32,638				123,357
6.2 Activities to prevent hospital readmissions																0	0		0				0
6.3 Improve patient safety and reduce medical errors																0	0		0				0
6.4 Wellness and health promotion activities																0	0		0				0
6.5 Health Information Technology expenses related to health improvement																0	0		0				0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	90,719	90,719		32,638				123,357
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.849	XXX	XXX								XXX
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6																0	0		0				0
8.2 All other claims adjustment expenses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	202,336	202,336		78,330				280,666
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	202,336	202,336		78,330				280,666
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX								XXX

216-1.UT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.90	.90		.90
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	298,139	298,139	.0	298,139
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.0	.0		.0
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	645,644	645,644	273,245	918,889
	10.4a Community Benefit Expenditures (informational only) .....												.0	.0		.0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	943,873	943,873	273,245	1,217,118
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	93,807	93,807	XXX	(290,406)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	398,302	398,302
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,208	XXX	48,208
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142,015	XXX	156,104
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	17,138	17,138	1,448	18,586
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	17,138	17,138	1,448	18,586
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	201,436	201,436	17,184	218,620

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4  Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,064,096	12,064,096
1.2 Unearned premium prior year																	0
1.3 Unearned premium current year																	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	415,803	415,803
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,602	26,602
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	108,936	108,936
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(82,334)	(82,334)
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,171	6,171
1.10 Group conversion charge																	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,057,925	12,057,925
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(109)	(109)
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,355,466)	(2,355,466)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(109)	(109)
1.15 Other Adjustments due to MLR calculation - Premiums																	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,368,990	9,368,990
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,086,748	9,086,748
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,390	28,390
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,762	18,762
2.4 Direct claim reserves current year																	0
2.5 Direct claim reserves prior year																	0
2.6 Direct contract reserves current year																	0
2.7 Direct contract reserves prior year																	0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	415,803	415,803
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,602	26,602
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	108,936	108,936
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	704	704
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,977	2,977
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	168	168
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,441	2,441
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(315,218)	(315,218)
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,754,782	1,754,782
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,070,000	2,070,000
2.13 Group conversion charge																	0
2.14 Multi-option coverage blended rate adjustment																	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,745,767	9,745,767
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(550)	(550)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,851,443)	(1,851,443)
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0	(550)	(550)
2.19 Other adjustments due to MLR calculation - Claims																	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,560,855	7,560,855
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-UT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.UT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.UT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Vermont		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	12,529,546	12,529,546	XXX	12,529,546						
1.2 Federal high risk pools .....														0	0	XXX	0						
1.3 State high risk pools .....														0	0	XXX	0						
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	12,529,546	12,529,546	XXX	12,529,546						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	418,237	418,237		0	418,237					
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	0	11,332	11,332		0	11,332					
1.6a Community Benefit Expenditures (informational only) .....														0	0		0						
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	2,217	2,217		0	2,217					
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	12,097,760	12,097,760	XXX	12,097,760						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(2,534,968)	(2,534,968)	XXX	(2,534,968)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	0	XXX	0						
1.11 Risk Revenue .....														0	0	XXX	0						
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	9,562,792	9,562,792	XXX	9,562,792						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(89,089)	(89,089)	XXX	(89,089)						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	23,241,024	23,241,024	XXX	23,241,024						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	12,895,597	12,895,597	XXX	12,895,597						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	0	XXX	0						
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	774	774	XXX	774						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	10,257,112	10,257,112	XXX	10,257,112						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(2,035,145)	(2,035,145)	XXX	(2,035,145)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	0	XXX	0						
5.3 Rebates paid .....													XXX	XXX	0	0	XXX	0					
5.4 Estimated rebates unpaid prior year .....													XXX	XXX	0	0	XXX	0					
5.5 Estimated rebates unpaid current year .....													XXX	XXX	0	0	XXX	0					
5.6 Fee for service and co-pay revenue .....														0	0	XXX	0						
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	8,221,967	8,221,967	XXX	8,221,967						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....												0	0	94,269	94,269		33,914	128,183					
6.2 Activities to prevent hospital readmissions .....														0	0		0	0					
6.3 Improve patient safety and reduce medical errors .....														0	0		0	0					
6.4 Wellness and health promotion activities .....														0	0		0	0					
6.5 Health Information Technology expenses related to health improvement .....														0	0		0	0					
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	94,269	94,269		33,914	128,183					
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.856	XXX	XXX	XXX	XXX					
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0	0		0	0					
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	210,254	210,254		81,394	291,648					
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	210,254	210,254		81,394	291,648					
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX	XXX					

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....94	.....94		.....94
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....309,806	.....309,806	.....0	.....309,806
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....670,910	.....670,910	.....283,932	.....954,842
10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	980,810	980,810	283,932	1,264,742
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	55,492	55,492	XXX	(343,748)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	413,880	413,880
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,893	XXX	48,893
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104,385	XXX	119,025
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	17,216	17,216	1,908	19,124
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	17,216	17,216	1,908	19,124
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	209,201	209,201	22,668	231,869

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Vermont		DURING THE YEAR			2018		(LOCATION)		NAIC Company Code		12575	
								Business Subject to MLR							10	11	12	13
								Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	Government Business (excluded by statute)	Other Health Business
1	2	3	4	5	6	7	8	9										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans								
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	12,536,187	12,536,187			
1.2 Unearned premium prior year															0			
1.3 Unearned premium current year															0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	216	216			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	28,629	28,629			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	117,934	117,934			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(89,305)	(89,305)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	6,641	6,641			
1.10 Group conversion charge															0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	12,529,546	12,529,546			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(340)	(340)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2,534,968)	(2,534,968)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(340)	(340)			
1.15 Other Adjustments due to MLR calculation - Premiums															0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	10,083,667	10,083,667			
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	9,782,451	9,782,451			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	31,208	31,208			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	22,502	22,502			
2.4 Direct claim reserves current year															0			
2.5 Direct claim reserves prior year															0			
2.6 Direct contract reserves current year															0			
2.7 Direct contract reserves prior year															0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	216	216			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	28,629	28,629			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	117,934	117,934			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	774	774			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	3,523	3,523			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	184	184			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	2,933	2,933			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(554,270)	(554,270)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	1,928,894	1,928,894			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	2,483,164	2,483,164			
2.13 Group conversion charge															0			
2.14 Multi-option coverage blended rate adjustment															0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	10,257,112	10,257,112			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(460)	(460)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2,035,145)	(2,035,145)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(460)	(460)			
2.19 Other adjustments due to MLR calculation - Claims															0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	8,311,056	8,311,056			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)															0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Vermont		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

216-4.VT



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15	
					Mini-Med Plans												
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	72,629,205	72,629,205	XXX	72,629,205	
1.2 Federal high risk pools .....													0	XXX		0	
1.3 State high risk pools .....													0	XXX		0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	72,629,205	72,629,205	XXX	72,629,205	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	3,730,457	3,730,457	0	3,730,457	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	65,685	65,685	0	65,685	
1.6a Community Benefit Expenditures (informational only) .....														0		0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	12,849	12,849	0	12,849	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	68,820,214	68,820,214	XXX	68,820,214	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(14,430,857)	(14,430,857)	XXX	(14,430,857)	
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0	
1.11 Risk Revenue .....														0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	54,389,357	54,389,357	XXX	54,389,357	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	820,237	820,237	XXX	820,237	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	133,987,701	133,987,701	XXX	133,987,701	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	74,344,892	74,344,892	XXX	74,344,892	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX		0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	4,463	4,463	XXX	4,463	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0		0		0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	60,467,509	60,467,509	XXX	60,467,509	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(11,732,894)	(11,732,894)	XXX	(11,732,894)	
5.2 Other Adjustments due to MLR calculations - Claims .....													0	XXX		0	
5.3 Rebates paid .....											XXX	XXX		0	XXX	0	
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX	0	
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX	0	
5.6 Fee for service and co-pay revenue .....														0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	48,734,615	48,734,615	XXX	48,734,615	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											0	0	546,435	546,435	196,588	743,023	
6.2 Activities to prevent hospital readmissions .....														0		0	
6.3 Improve patient safety and reduce medical errors .....														0		0	
6.4 Wellness and health promotion activities .....														0		0	
6.5 Health Information Technology expenses related to health improvement .....														0		0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	546,435	546,435	196,588	743,023	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.887	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0		0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	1,218,755	1,218,755	471,810	1,690,565	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,218,755	1,218,755	471,810	1,690,565	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX	

216-1.VA

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....543	.....543		.....543
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,795,813	1,795,813	.....0	1,795,813
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.....0	.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	3,888,982	3,888,982	1,645,850	5,534,832
	10.4a Community Benefit Expenditures (informational only) .....												.....0	.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	5,685,338	5,685,338	1,645,850	7,331,188
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(1,795,786)	(1,795,786)	XXX	(4,110,034)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,399,108	2,399,108
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,278,221	XXX	3,278,221
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,482,435	XXX	1,567,295
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	113,408	113,408	21,454	134,862
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	113,408	113,408	21,454	134,862
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0		0	2	2
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	1,347,208	1,347,208	252,714	1,599,922

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	72,667,012	72,667,012			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,303,276	1,303,276			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	162,976	162,976			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	646,015	646,015			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(483,039)	(483,039)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	37,807	37,807			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	72,629,205	72,629,205			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,201)	(3,201)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(14,430,857)	(14,430,857)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,201)	(3,201)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	57,378,111	57,378,111			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	57,744,298	57,744,298			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	179,914	179,914			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	117,419	117,419			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,303,276	1,303,276			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	162,976	162,976			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	646,015	646,015			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	4,463	4,463			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	18,693	18,693			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	1,063	1,063			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	15,293	15,293			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(1,836,016)	(1,836,016)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	11,120,340	11,120,340			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	12,956,356	12,956,356			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	60,467,509	60,467,509			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(6,279)	(6,279)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,732,894)	(11,732,894)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(6,279)	(6,279)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	47,914,378	47,914,378			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9) .....										
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9) .....										
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9) .....										
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14							
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	56,872,840	56,872,840	XXX	56,872,840						
1.2 Federal high risk pools .....														0	XXX	0							
1.3 State high risk pools .....														0	XXX	0							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	56,872,840	56,872,840	XXX	56,872,840						
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	4,751,149	4,751,149	0	4,751,149						
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	51,435	51,435	0	51,435						
1.6a Community Benefit Expenditures (informational only) .....														0		0							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	10,062	10,062	0	10,062						
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	52,060,194	52,060,194	XXX	52,060,194						
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	(11,503,092)	(11,503,092)	XXX	(11,503,092)						
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX	0							
1.11 Risk Revenue .....														0	XXX	0							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	40,557,102	40,557,102	XXX	40,557,102						
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	(382,236)	(382,236)	XXX	(382,236)						
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	92,111,564	92,111,564	XXX	92,111,564						
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	51,109,350	51,109,350	XXX	51,109,350						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX	0							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	3,068	3,068	XXX	3,068						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	40,623,046	40,623,046	XXX	40,623,046						
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	(8,065,928)	(8,065,928)	XXX	(8,065,928)						
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX	0							
5.3 Rebates paid .....														0	XXX	0							
5.4 Estimated rebates unpaid prior year .....													XXX	XXX	0	XXX	0						
5.5 Estimated rebates unpaid current year .....													XXX	XXX	0	XXX	0						
5.6 Fee for service and co-pay revenue .....														0	XXX	0							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	32,557,118	32,557,118	XXX	32,557,118						
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....													0	427,894	427,894	153,939	581,833						
6.2 Activities to prevent hospital readmissions .....														0		0							
6.3 Improve patient safety and reduce medical errors .....														0		0							
6.4 Wellness and health promotion activities .....														0		0							
6.5 Health Information Technology expenses related to health improvement .....														0		0							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	427,894	427,894	153,939	581,833						
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX		0.789	XXX	XXX	XXX						
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0		0							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	954,364	954,364	369,455	1,323,819						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	954,364	954,364	369,455	1,323,819						
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX						

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....425	.....425		.....425
	10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	1,406,238	1,406,238	.....0	1,406,238
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
	10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	3,045,325	3,045,325	1,288,795	4,334,120
	10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,451,988	4,451,988	1,288,795	5,740,783
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	2,165,738	2,165,738	XXX	353,549
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,878,640	1,878,640
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224,368	XXX	224,368
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,390,106	XXX	2,456,557
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	78,917	78,917	5,797	84,714
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	78,917	78,917	5,797	84,714
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	1	1		1
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	951,545	951,545	69,775	1,021,320

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
				Business Subject to MLR						9	10	11	12	13			
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans:								
				1	2	3	4	5	6						7	8	
				Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health Premiums Earned:																	
1.1 Direct premiums written				0	0	0	0	0	0	0	0	0	0	0	56,902,977	56,902,977	
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)				0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	17,681	17,681	
1.6 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	129,911	129,911	
1.7 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	529,828	529,828	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)				0	0	0	0	0	0	0	0	0	0	0	(399,917)	(399,917)	
1.9 Premium balances written off				0	0	0	0	0	0	0	0	0	0	0	30,137	30,137	
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)				0	0	0	0	0	0	0	0	0	0	0	56,872,840	56,872,840	
1.12 Assumed premiums earned from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(481)	(481)	
1.13 Net Assumed less Ceded premiums earned from affiliates				0	0	0	0	0	0	0	0	0	0	0	(11,503,092)	(11,503,092)	
1.14 Ceded premiums earned to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(481)	(481)	
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)				0	0	0	0	0	0	0	0	0	0	0	45,751,984	45,751,984	
2. Direct Claims Incurred:																	
2.1 Paid claims during the year				0	0	0	0	0	0	0	0	0	0	0	39,004,385	39,004,385	
2.2 Direct claim liability current year				0	0	0	0	0	0	0	0	0	0	0	123,684	123,684	
2.3 Direct claim liability prior year				0	0	0	0	0	0	0	0	0	0	0	87,059	87,059	
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits				0	0	0	0	0	0	0	0	0	0	0	17,681	17,681	
2.9 Reserve for rate credits current year				0	0	0	0	0	0	0	0	0	0	0	129,911	129,911	
2.10 Reserve for rate credits prior year				0	0	0	0	0	0	0	0	0	0	0	529,828	529,828	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)				0	0	0	0	0	0	0	0	0	0	0	3,068	3,068	
2.11a Paid medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	13,672	13,672	
2.11b Accrued medical incentive pools and bonuses current year				0	0	0	0	0	0	0	0	0	0	0	731	731	
2.11c Accrued medical incentive pools and bonuses prior year				0	0	0	0	0	0	0	0	0	0	0	11,335	11,335	
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)				0	0	0	0	0	0	0	0	0	0	0	(1,961,204)	(1,961,204)	
2.12a Healthcare receivables current year				0	0	0	0	0	0	0	0	0	0	0	7,644,820	7,644,820	
2.12b Healthcare receivables prior year				0	0	0	0	0	0	0	0	0	0	0	9,606,024	9,606,024	
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)				0	0	0	0	0	0	0	0	0	0	0	40,623,046	40,623,046	
2.16 Assumed incurred claims from non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(1,391)	(1,391)	
2.17 Net assumed less ceded incurred claims from affiliates				0	0	0	0	0	0	0	0	0	0	0	(8,065,928)	(8,065,928)	
2.18 Ceded incurred claims to non-affiliates				0	0	0	0	0	0	0	0	0	0	0	(1,391)	(1,391)	
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)				0	0	0	0	0	0	0	0	0	0	0	32,939,354	32,939,354	
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Washington		DURING THE YEAR				(LOCATION) 2018		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.2 Federal high risk pools .....																							
1.3 State high risk pools .....																							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6a Community Benefit Expenditures (informational only) .....																							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....																							
1.11 Risk Revenue .....																							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Other Adjustments due to MLR calculations - Claims .....																							
5.3 Rebates paid .....																							
5.4 Estimated rebates unpaid prior year .....																							
5.5 Estimated rebates unpaid current year .....																							
5.6 Fee for service and co-pay revenue .....																							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																							
6.2 Activities to prevent hospital readmissions .....																							
6.3 Improve patient safety and reduce medical errors .....																							
6.4 Wellness and health promotion activities .....																							
6.5 Health Information Technology expenses related to health improvement .....																							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....240	.....240		.....240
10.2 Agents and brokers fees and commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....793,596	.....793,596	.....0	.....793,596
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.....0		.....0
10.4 Other general and administrative expenses.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,718,597	.....1,718,597	.....727,318	.....2,445,915
10.4a Community Benefit Expenditures (informational only) .....													.....0		.....0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	2,512,433	2,512,433	727,318	3,239,751
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	427,289	427,289	XXX	(595,401)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,060,191	1,060,191
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126,444	XXX	126,444
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	553,733	XXX	591,234
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	42,297	42,297	12,576	54,873
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	42,297	42,297	12,576	54,873
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	510,399	510,399	55,250	565,649

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575		
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12		
		Mini-Med Plans																
		1	2	3	4	5	6	7	8	9								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)				
1. Health Premiums Earned:																		
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	32,112,596	32,112,596				
1.2 Unearned premium prior year														0				
1.3 Unearned premium current year														0				
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0				
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	22,457	22,457				
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	73,285	73,285				
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	292,340	292,340				
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(219,055)	(219,055)				
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	17,001	17,001				
1.10 Group conversion charge														0				
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	32,095,595	32,095,595				
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(195)	(195)				
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(6,489,125)	(6,489,125)				
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(195)	(195)				
1.15 Other Adjustments due to MLR calculation - Premiums														0				
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	25,803,068	25,803,068				
2. Direct Claims Incurred:																		
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	24,437,483	24,437,483				
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	77,167	77,167				
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	53,378	53,378				
2.4 Direct claim reserves current year														0				
2.5 Direct claim reserves prior year														0				
2.6 Direct contract reserves current year														0				
2.7 Direct contract reserves prior year														0				
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	22,457	22,457				
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	73,285	73,285				
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	292,340	292,340				
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	1,914	1,914				
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	8,409	8,409				
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	456	456				
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	6,951	6,951				
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(1,120,127)	(1,120,127)				
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	4,769,626	4,769,626				
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	5,889,753	5,889,753				
2.13 Group conversion charge														0				
2.14 Multi-option coverage blended rate adjustment														0				
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	25,386,715	25,386,715				
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,901)	(1,901)				
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(5,032,356)	(5,032,356)				
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(1,901)	(1,901)				
2.19 Other adjustments due to MLR calculation - Claims														0				
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	20,550,957	20,550,957				
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR				(LOCATION) NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 10	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.WV

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15	
		Mini-Med Plans					9										
		1	2	3	4	5		6	7								8
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	59,866,058	59,866,058	XXX	59,866,058	
1.2 Federal high risk pools .....													0	XXX		0	
1.3 State high risk pools .....													0	XXX		0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	59,866,058	59,866,058	XXX	59,866,058	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	2,848,138	2,848,138	0	2,848,138	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	54,142	54,142	0	54,142	
1.6a Community Benefit Expenditures (informational only) .....													0			0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	10,591	10,591	0	10,591	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	56,953,187	56,953,187	XXX	56,953,187	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(11,860,316)	(11,860,316)	XXX	(11,860,316)	
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	XXX		0	
1.11 Risk Revenue .....													0	XXX		0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	45,092,871	45,092,871	XXX	45,092,871	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	821,783	821,783	XXX	821,783	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	104,304,749	104,304,749	XXX	104,304,749	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	57,874,904	57,874,904	XXX	57,874,904	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	XXX		0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	3,474	3,474	XXX	3,474	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0			0		0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	47,255,102	47,255,102	XXX	47,255,102	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(9,133,648)	(9,133,648)	XXX	(9,133,648)	
5.2 Other Adjustments due to MLR calculations - Claims .....													0	XXX		0	
5.3 Rebates paid .....											XXX	XXX	0	XXX		0	
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	XXX		0	
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	XXX		0	
5.6 Fee for service and co-pay revenue .....													0	XXX		0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	38,121,454	38,121,454	XXX	38,121,454	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											0	0	450,409	450,409	162,041	612,450	
6.2 Activities to prevent hospital readmissions .....													0			0	
6.3 Improve patient safety and reduce medical errors .....													0			0	
6.4 Wellness and health promotion activities .....													0			0	
6.5 Health Information Technology expenses related to health improvement .....													0			0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	450,409	450,409	162,041	612,450	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.838	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0			0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	1,004,581	1,004,581	388,899	1,393,480	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	1,004,581	1,004,581	388,899	1,393,480	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.447	.447		.447
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,480,232	1,480,232	.0	1,480,232
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,205,565	3,205,565	1,356,625	4,562,190
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	4,686,244	4,686,244	1,356,625	6,042,869
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	830,183	830,183	XXX	(1,077,382)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,977,513	1,977,513
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	239,416	XXX	239,416
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,069,599	XXX	1,139,547
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	72,456	72,456	8,429	80,885
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	72,456	72,456	8,429	80,885
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	3	3
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	873,260	873,260	106,890	980,150

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	59,897,131	59,897,131			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,245,281	1,245,281			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	133,945	133,945			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	557,443	557,443			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(423,498)	(423,498)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	31,073	31,073			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	59,866,058	59,866,058			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(786)	(786)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(11,860,316)	(11,860,316)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(786)	(786)			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	47,183,959	47,183,959			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	44,199,575	44,199,575			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	140,056	140,056			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	98,286	98,286			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	1,245,281	1,245,281			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	133,945	133,945			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	557,443	557,443			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	3,474	3,474			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	15,448	15,448			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	828	828			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	12,802	12,802			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(2,188,500)	(2,188,500)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	8,656,797	8,656,797			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	10,845,297	10,845,297			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	47,255,102	47,255,102			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,704)	(2,704)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(9,133,648)	(9,133,648)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,704)	(2,704)			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	37,299,671	37,299,671			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR				(LOCATION) NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		910	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5  HIT Expenses	6  Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ ..... for affiliated services) .....										
	4.2 Outsourced Services .....										
	4.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	4.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	4.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	.XXX	XXX	.XXX					
	4.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6) .....										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	4.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	.XXX	XXX	.XXX	.XXX	XXX	.XXX		
	4.10 Total (4.7 to 4.9) .....										
4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ ..... for affiliated services) .....										
	5.2 Outsourced Services .....										
	5.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	5.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	5.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		X	X		.XXX					
	5.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6) .....										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	5.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	.XXX	XXX	.XXX	.XXX	XXX	.XXX		
	5.10 Total (5.7 to 5.9) .....										
5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ ..... for affiliated services) .....										
	6.2 Outsourced Services .....										
	6.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	6.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	6.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	.XXX	XXX	.XXX					
	6.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6) .....										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	6.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	.XXX	XXX	.XXX	XXX	.XXX	.XXX	XXX	.XXX		
	6.10 Total (6.7 to 6.9) .....										
6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)											

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Wyoming		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575							
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
		Mini-Med Plans																					
		1	2 Small Group Employer	3 Large Group Employer	4	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
1. Premium:																							
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.2 Federal high risk pools .....																							
1.3 State high risk pools .....																							
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.6a Community Benefit Expenditures (informational only) .....																							
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.10 Other Adjustments due to MLR calculations - Premiums .....																							
1.11 Risk Revenue .....																							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Claims:																							
2.1 Incurred claims excluding prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																							
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Other Adjustments due to MLR calculations - Claims .....																							
5.3 Rebates paid .....																							
5.4 Estimated rebates unpaid prior year .....																							
5.5 Estimated rebates unpaid current year .....																							
5.6 Fee for service and co-pay revenue .....																							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Improving Health Care Quality Expenses Incurred:																							
6.1 Improve health outcomes .....																							
6.2 Activities to prevent hospital readmissions .....																							
6.3 Improve patient safety and reduce medical errors .....																							
6.4 Wellness and health promotion activities .....																							
6.5 Health Information Technology expenses related to health improvement .....																							
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
8. Claims Adjustment Expenses:																							
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																							
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.52	.52		.52	
	10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	173,524	173,524	.0	173,524	
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....											.0	.0		.0	
	10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	375,780	375,780	159,032	534,812	
	10.4a Community Benefit Expenditures (informational only) .....											.0	.0		.0	
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	549,356	549,356	159,032	708,388	
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	(214,358)	(214,358)	XXX	(437,974)	
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	231,816	231,816	
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	322,693	XXX	322,693	
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0	
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	108,335	XXX	116,535	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)												0		0	
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)												0		0	
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	11,627	11,627	567	12,194	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	11,627	11,627	567	12,194	
3.	Number of Groups	XXX			XXX								0		0	
4.	Member Months	0	0	0	0	0	0	0	0	0	0	136,385	136,385	6,841	143,224	

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Wyoming		DURING THE YEAR		2018		(LOCATION) NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10	11	12	13
		Mini-Med Plans													
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)				
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group						
1. Health Premiums Earned:															
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	7,021,588	7,021,588
1.2 Unearned premium prior year															0
1.3 Unearned premium current year															0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(2,164)	(2,164)
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	16,040	16,040
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	61,698	61,698
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	(45,658)	(45,658)
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	3,721	3,721
1.10 Group conversion charge															0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	7,017,867	7,017,867
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(220)	(220)
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,420,312)	(1,420,312)
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(220)	(220)
1.15 Other Adjustments due to MLR calculation - Premiums															0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	5,645,377	5,645,377
2. Direct Claims Incurred:															
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	5,847,944	5,847,944
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	18,113	18,113
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	11,506	11,506
2.4 Direct claim reserves current year															0
2.5 Direct claim reserves prior year															0
2.6 Direct contract reserves current year															0
2.7 Direct contract reserves prior year															0
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	0	(2,164)	(2,164)
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	0	16,040	16,040
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	0	61,698	61,698
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	449	449
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	1,839	1,839
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	107	107
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	1,497	1,497
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(149,927)	(149,927)
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	1,119,529	1,119,529
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	1,269,456	1,269,456
2.13 Group conversion charge															0
2.14 Multi-option coverage blended rate adjustment															0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	5,957,105	5,957,105
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(187)	(187)
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(1,181,197)	(1,181,197)
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(187)	(187)
2.19 Other adjustments due to MLR calculation - Claims															0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	4,823,730	4,823,730
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)															0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR				(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.WY

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

216-5.WY





SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		American Samoa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575									
		Comprehensive Health Coverage			Business Subject to MLR			Mini-Med Plans		Expatriate Plans		9		10		11		12		13		14		15	
		1	2	3	4	5	6	7	8	Student Health Plans		Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group																
1. Premium:																									
1.1 Health premiums earned (From Part 2, Line 1.11) .....																									
1.2 Federal high risk pools .....																									
1.3 State high risk pools .....																									
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Federal taxes and federal assessments .....																									
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....																									
1.6a Community Benefit Expenditures (informational only) .....																									
1.7 Regulatory authority licenses and fees .....																									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Other Adjustments due to MLR calculations - Premiums .....																									
1.11 Risk Revenue .....																									
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claims:																									
2.1 Incurred claims excluding prescription drugs .....																									
2.2 Prescription drugs .....																									
2.3 Pharmaceutical rebates .....																									
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....																									
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Other Adjustments due to MLR calculations - Claims .....																									
5.3 Rebates paid .....																									
5.4 Estimated rebates unpaid prior year .....																									
5.5 Estimated rebates unpaid current year .....																									
5.6 Fee for service and co-pay revenue .....																									
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Improving Health Care Quality Expenses Incurred:																									
6.1 Improve health outcomes .....																									
6.2 Activities to prevent hospital readmissions .....																									
6.3 Improve patient safety and reduce medical errors .....																									
6.4 Wellness and health promotion activities .....																									
6.5 Health Information Technology expenses related to health improvement .....																									
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8. Claims Adjustment Expenses:																									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....																									
8.2 All other claims adjustment expenses .....																									
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

216-1.AS

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....													0		0
10.2 Agents and brokers fees and commissions.....													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....													0		0
10.4a Community Benefit Expenditures (informational only) .....													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies													0		0
2. Number of Covered Lives													0		0
3. Number of Groups	XXX			XXX									0		0
4. Member Months													0		

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		American Samoa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)					Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA
1. Health Premiums Earned:																	
1.1 Direct premiums written																	0
1.2 Unearned premium prior year																	0
1.3 Unearned premium current year																	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits																	0
1.6 Reserve for rate credits current year																	0
1.7 Reserve for rate credits prior year																	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off																	0
1.10 Group conversion charge																	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates																	0
1.13 Net Assumed less Ceded premiums earned from affiliates																	0
1.14 Ceded premiums earned to non-affiliates																	0
1.15 Other Adjustments due to MLR calculation - Premiums																	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct Claims Incurred:																	
2.1 Paid claims during the year																	0
2.2 Direct claim liability current year																	0
2.3 Direct claim liability prior year																	0
2.4 Direct claim reserves current year																	0
2.5 Direct claim reserves prior year																	0
2.6 Direct contract reserves current year																	0
2.7 Direct contract reserves prior year																	0
2.8 Paid rate credits																	0
2.9 Reserve for rate credits current year																	0
2.10 Reserve for rate credits prior year																	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year																	0
2.11b Accrued medical incentive pools and bonuses current year																	0
2.11c Accrued medical incentive pools and bonuses prior year																	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year																	0
2.12b Healthcare receivables prior year																	0
2.13 Group conversion charge																	0
2.14 Multi-option coverage blended rate adjustment																	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates																	0
2.17 Net assumed less ceded incurred claims from affiliates																	0
2.18 Ceded incurred claims to non-affiliates																	0
2.19 Other adjustments due to MLR calculation - Claims																	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		American Samoa		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code			
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10	
				1	2	3	4	5	6	7	8	9		10	
				Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:														
	1.1 Salaries (including \$ ..... for affiliated services) .....														
	1.2 Outsourced Services .....														
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....														
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....														
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....				XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....														
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....														
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....														
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....														
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)														
2.	Small Group Comprehensive Coverage Expenses:														
	2.1 Salaries (including \$ ..... for affiliated services) .....														
	2.2 Outsourced Services .....														
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....														
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....														
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....				XXX	XXX	XXX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....														
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....														
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....														
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....														
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)														
3.	Large Group Comprehensive Coverage Expenses:														
	3.1 Salaries (including \$ ..... for affiliated services) .....														
	3.2 Outsourced Services .....														
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....														
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....														
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....				XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....														
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....														
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....														
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....														
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)														

216-4.AS

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits .....												0			0
	10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	0	0	350	350	0	350
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												0			0
	10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	0	0	759	759	321	1,080
	10.4a Community Benefit Expenditures (informational only) .....												0			0
	10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	1,109	1,109	321	1,430
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	3,126	3,126	XXX	2,675
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	468	468
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95	XXX		95
14.	Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		0
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,221	XXX		3,238
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16.	16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	21	21	2	23
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	21	21	2	23
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	225	225	25	250

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Guam		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR								10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:						9			
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	14,174	14,174			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits														0			
1.6 Reserve for rate credits current year														0			
1.7 Reserve for rate credits prior year														0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	8	8			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	14,166	14,166			
1.12 Assumed premiums earned from non-affiliates														0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(2,866)	(2,866)			
1.14 Ceded premiums earned to non-affiliates														0			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	11,300	11,300			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	2,039	2,039			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	6	6			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	4	4			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits														0			
2.9 Reserve for rate credits current year														0			
2.10 Reserve for rate credits prior year														0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year														0			
2.11b Accrued medical incentive pools and bonuses current year														0			
2.11c Accrued medical incentive pools and bonuses prior year														0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	33	33			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	375	375			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	342	342			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	2,008	2,008			
2.16 Assumed incurred claims from non-affiliates														0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(395)	(395)			
2.18 Ceded incurred claims to non-affiliates														0			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	1,613	1,613			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR				(LOCATION)			
		Guam		2018				NAIC Company Code			
All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses					
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.GU

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]







216-2.PR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3	.3		.3
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	9,204	9,204	.0	9,204
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	19,931	19,931	8,435	28,366
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	29,138	29,138	8,435	37,573
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	75,831	75,831	XXX	63,970
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,296	12,296
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,617	XXX	8,617
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,448	XXX	84,883
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	477	477	2,194	2,671
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	477	477	2,194	2,671
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	5,973	5,973	26,944	32,917

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1  Individual Plans	2 Small Group Employer Plans	3  Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Puerto Rico		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9		10	11	12	13		
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans							
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	0	372,426	372,426		
1.2 Unearned premium prior year																0	
1.3 Unearned premium current year																0	
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.5 Paid rate credits																0	
1.6 Reserve for rate credits current year																0	
1.7 Reserve for rate credits prior year																0	
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	0	197	197		
1.10 Group conversion charge																0	
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	0	372,229	372,229		
1.12 Assumed premiums earned from non-affiliates																0	
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(75,310)	(75,310)		
1.14 Ceded premiums earned to non-affiliates																0	
1.15 Other Adjustments due to MLR calculation - Premiums																0	
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	0	296,919	296,919		
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	0	57,610	57,610		
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	0	184	184		
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	0	135	135		
2.4 Direct claim reserves current year																0	
2.5 Direct claim reserves prior year																0	
2.6 Direct contract reserves current year																0	
2.7 Direct contract reserves prior year																0	
2.8 Paid rate credits																0	
2.9 Reserve for rate credits current year																0	
2.10 Reserve for rate credits prior year																0	
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	5	5		
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	19	19		
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	0	1	1		
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	0	15	15		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	0	(3,304)	(3,304)		
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	0	11,366	11,366		
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	0	14,670	14,670		
2.13 Group conversion charge																0	
2.14 Multi-option coverage blended rate adjustment																0	
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	0	60,968	60,968		
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2)	(2)		
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(11,993)	(11,993)		
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	0	(2)	(2)		
2.19 Other adjustments due to MLR calculation - Claims																0	
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	0	48,975	48,975		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	0

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

216-3-PR

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2.

NAIC Group Code		BUSINESS IN THE STATE OF		Puerto Rico		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses									
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		U.S. Virgin Islands		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15
		Mini-Med Plans							9								
		1	2	3	4	5	6	7		8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	40,330	40,330	XXX	40,330	
1.2 Federal high risk pools .....													0	0	XXX	0	
1.3 State high risk pools .....													0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	40,330	40,330	XXX	40,330	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	8,967	8,967	0	8,967	
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....0 ) .....		0	0	0	0	0	0	0	0	0	0	0	36	36	0	36	
1.6a Community Benefit Expenditures (informational only) .....					0	0	0	0	0	0	0	0	0	0	0	0	
1.7 Regulatory authority licenses and fees .....		0	0	0	0	0	0	0	0	0	0	0	7	7	0	7	
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	31,320	31,320	XXX	31,320	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(8,160)	(8,160)	XXX	(8,160)	
1.10 Other Adjustments due to MLR calculations - Premiums .....													0	0	XXX	0	
1.11 Risk Revenue .....													0	0	XXX	0	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	23,160	23,160	XXX	23,160	
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....													0	0	XXX	0	
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	40,731	40,731	XXX	40,731	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	22,600	22,600	XXX	22,600	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....													0	0	XXX	0	
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	1	1	XXX	1	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0		0	
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	18,132	18,132	XXX	18,132	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	(3,567)	(3,567)	XXX	(3,567)	
5.2 Other Adjustments due to MLR calculations - Claims .....													0	0	XXX	0	
5.3 Rebates paid .....											XXX	XXX	0	0	XXX	0	
5.4 Estimated rebates unpaid prior year .....											XXX	XXX	0	0	XXX	0	
5.5 Estimated rebates unpaid current year .....											XXX	XXX	0	0	XXX	0	
5.6 Fee for service and co-pay revenue .....													0	0	XXX	0	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	14,565	14,565	XXX	14,565	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											0	0	303	303	109	412	
6.2 Activities to prevent hospital readmissions .....													0	0		0	
6.3 Improve patient safety and reduce medical errors .....													0	0		0	
6.4 Wellness and health promotion activities .....													0	0		0	
6.5 Health Information Technology expenses related to health improvement .....													0	0		0	
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	303	303	109	412	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.589	XXX	XXX	XXX	
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....													0	0		0	
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	677	677	262	939	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	677	677	262	939	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.022	XXX	XXX	XXX	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2  Small Group Employer	3  Large Group Employer	4  Individual	5  Small Group Employer	6  Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....													.0		.0
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.997	.997	.0	.997
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												.0	.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,159	2,159	.914	3,073
10.4a Community Benefit Expenditures (informational only) .....												.0	.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	3,156	3,156	.914	4,070
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	4,459	4,459	XXX	3,174
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,332	1,332
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	997	XXX	997
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,456	XXX	5,503
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	54	54	34	88
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	54	54	34	88
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	677	677	443	1,120

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		U.S. Virgin Islands		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR								9	10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:									
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	40,351	40,351			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits														0			
1.6 Reserve for rate credits current year														0			
1.7 Reserve for rate credits prior year														0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	21	21			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	40,330	40,330			
1.12 Assumed premiums earned from non-affiliates														0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(8,160)	(8,160)			
1.14 Ceded premiums earned to non-affiliates														0			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	32,170	32,170			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	17,525	17,525			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	55	55			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	36	36			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits														0			
2.9 Reserve for rate credits current year														0			
2.10 Reserve for rate credits prior year														0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	1	1			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	6	6			
2.11b Accrued medical incentive pools and bonuses current year														0			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	5	5			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(587)	(587)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	3,380	3,380			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	3,967	3,967			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	18,132	18,132			
2.16 Assumed incurred claims from non-affiliates														0			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(3,567)	(3,567)			
2.18 Ceded incurred claims to non-affiliates														0			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	14,565	14,565			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		U.S. Virgin Islands		DURING THE YEAR		2018		(LOCATION) NAIC Company Code					
		All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9		10	

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Northern Mariana Islands		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10	11	12	13	14	15
		Mini-Med Plans										Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
		1	2	3	4	5	6	7	8	Student Health Plans							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1 Health premiums earned (From Part 2, Line 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	705	705	XXX	705	
1.2 Federal high risk pools .....													0	0	XXX	0	
1.3 State high risk pools .....													0	0	XXX	0	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		0	0	0	0	0	0	0	0	0	0	0	705	705	XXX	705	
1.5 Federal taxes and federal assessments .....		0	0	0	0	0	0	0	0	0	0	0	301	301		0	301
1.6 State insurance, premium and other taxes (Similar local taxes of \$ ..... ) .....		0	0	0	0	0	0	0	0	0	0	0	1	1		0	1
1.6a Community Benefit Expenditures (informational only) .....														0			0
1.7 Regulatory authority licenses and fees .....														0			0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		0	0	0	0	0	0	0	0	0	0	0	403	403	XXX	403	
1.9 Net Assumed less Ceded reinsurance premiums earned .....		0	0	0	0	0	0	0	0	0	0	0	(143)	(143)	XXX	(143)	
1.10 Other Adjustments due to MLR calculations - Premiums .....														0	XXX		0
1.11 Risk Revenue .....														0	XXX		0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	260	260	XXX		260
2. Claims:																	
2.1 Incurred claims excluding prescription drugs .....														0	XXX		0
2.2 Prescription drugs .....		0	0	0	0	0	0	0	0	0	0	0	(2)	(2)	XXX	(2)	
2.3 Pharmaceutical rebates .....		0	0	0	0	0	0	0	0	0	0	0	(1)	(1)	XXX	(1)	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														0	XXX		0
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX		0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0			0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		0	0	0	0	0	0	0	0	0	0	0	(1)	(1)	XXX	(1)	
5.1 Net Assumed less Ceded reinsurance claims incurred .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX		0
5.2 Other Adjustments due to MLR calculations - Claims .....														0	XXX		0
5.3 Rebates paid .....											XXX	XXX		0	XXX		0
5.4 Estimated rebates unpaid prior year .....											XXX	XXX		0	XXX		0
5.5 Estimated rebates unpaid current year .....											XXX	XXX		0	XXX		0
5.6 Fee for service and co-pay revenue .....														0	XXX		0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	(1)	(1)	XXX	(1)	
6. Improving Health Care Quality Expenses Incurred:																	
6.1 Improve health outcomes .....											0	0	5	5		2	7
6.2 Activities to prevent hospital readmissions .....														0			0
6.3 Improve patient safety and reduce medical errors .....														0			0
6.4 Wellness and health promotion activities .....														0			0
6.5 Health Information Technology expenses related to health improvement .....														0			0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	5	5		2	7
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.010	XXX	XXX		XXX
8. Claims Adjustment Expenses:																	
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....														0			0
8.2 All other claims adjustment expenses .....		0	0	0	0	0	0	0	0	0	0	0	12	12		5	17
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	12	12		5	17
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.030	XXX	XXX		XXX

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....													.0		.0
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.17	.17	.0	.17
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													.0		.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.38	.38	.16	.54
10.4a Community Benefit Expenditures (informational only) .....													.0		.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	55	55	16	71
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	189	189	XXX	166
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	24
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	3
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	XXX	193
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1
3. Number of Groups	XXX			XXX									0		0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	13	13	0	13

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Northern Mariana Islands		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans:		9		10		11		12	
		Mini-Med Plans															
		1	2	3	4	5	6	7	8	9							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	705	705			
1.2 Unearned premium prior year														0			
1.3 Unearned premium current year														0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits														0			
1.6 Reserve for rate credits current year														0			
1.7 Reserve for rate credits prior year														0			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.9 Premium balances written off														0			
1.10 Group conversion charge														0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	705	705			
1.12 Assumed premiums earned from non-affiliates														0			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(143)	(143)			
1.14 Ceded premiums earned to non-affiliates														0			
1.15 Other Adjustments due to MLR calculation - Premiums														0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	562	562			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	(68)	(68)			
2.2 Direct claim liability current year														0			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	1	1			
2.4 Direct claim reserves current year														0			
2.5 Direct claim reserves prior year														0			
2.6 Direct contract reserves current year														0			
2.7 Direct contract reserves prior year														0			
2.8 Paid rate credits														0			
2.9 Reserve for rate credits current year														0			
2.10 Reserve for rate credits prior year														0			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.11a Paid medical incentive pools and bonuses current year														0			
2.11b Accrued medical incentive pools and bonuses current year														0			
2.11c Accrued medical incentive pools and bonuses prior year														0			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(68)	(68)			
2.12a Healthcare receivables current year														0			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	68	68			
2.13 Group conversion charge														0			
2.14 Multi-option coverage blended rate adjustment														0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	(1)	(1)			
2.16 Assumed incurred claims from non-affiliates														0			
2.17 Net assumed less ceded incurred claims from affiliates														0			
2.18 Ceded incurred claims to non-affiliates														0			
2.19 Other adjustments due to MLR calculation - Claims														0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	(1)	(1)			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														0			

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Northern Mariana Islands		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10		
		1	2	3	4	5	6	7	8				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
1.	Individual Comprehensive Coverage Expenses:												
	1.1 Salaries (including \$ ..... for affiliated services) .....												
	1.2 Outsourced Services .....												
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....												
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	1.10 Total (1.7 to 1.9) .....												
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
2.	Small Group Comprehensive Coverage Expenses:												
	2.1 Salaries (including \$ ..... for affiliated services) .....												
	2.2 Outsourced Services .....												
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XX	XXX							
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....												
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	2.10 Total (2.7 to 2.9) .....												
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												
3.	Large Group Comprehensive Coverage Expenses:												
	3.1 Salaries (including \$ ..... for affiliated services) .....												
	3.2 Outsourced Services .....												
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....												
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....												
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX							
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....												
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....												
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....												
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
	3.10 Total (3.7 to 3.9) .....												
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)												

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

REPORT FOR: 1. CORPORATION

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))  
SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575			
		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9		10		11		12			
					Mini-Med Plans											13			
																14			
																15			
		1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14			
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group										
1. Premium:																			
1.1 Health premiums earned (From Part 2, Line 1.11) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3,346,342,827	.3,346,342,827	XXX	.3,346,342,827			
1.2 Federal high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
1.3 State high risk pools .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3,346,342,827	.3,346,342,827	XXX	.3,346,342,827			
1.5 Federal taxes and federal assessments .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.106,452,090	.106,452,090	.0	.106,452,090			
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3,026,406	.3,026,406	.0	.3,026,406			
1.6a Community Benefit Expenditures (informational only) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
1.7 Regulatory authority licenses and fees .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.592,030	.592,030	.0	.592,030			
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3,236,272,301	.3,236,272,301	XXX	.3,236,272,301			
1.9 Net Assumed less Ceded reinsurance premiums earned .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.677,172,865	.677,172,865	XXX	.677,172,865			
1.10 Other Adjustments due to MLR calculations - Premiums .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
1.11 Risk Revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) .....		0	0	0	0	0	0	0	0	0	0	0	2,559,099,436	2,559,099,436	XXX	2,559,099,436			
2. Claims:																			
2.1 Incurred claims excluding prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.22,168,128	.22,168,128	XXX	.22,168,128			
2.2 Prescription drugs .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.6,301,923,876	.6,301,923,876	XXX	.6,301,923,876			
2.3 Pharmaceutical rebates .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3,496,707,890	.3,496,707,890	XXX	.3,496,707,890			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
3. Incurred medical incentive pools and bonuses .....		0	0	0	0	0	0	0	0	0	0	0	209,901	209,901	XXX	209,901			
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2,783,257,759	.2,783,257,759	XXX	.2,783,257,759			
5.1 Net Assumed less Ceded reinsurance claims incurred .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.551,840,212	.551,840,212	XXX	.551,840,212			
5.2 Other Adjustments due to MLR calculations - Claims .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
5.3 Rebates paid .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
5.4 Estimated rebates unpaid prior year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
5.5 Estimated rebates unpaid current year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
5.6 Fee for service and co-pay revenue .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6) .....		0	0	0	0	0	0	0	0	0	0	0	2,231,417,547	2,231,417,547	XXX	2,231,417,547			
6. Improving Health Care Quality Expenses Incurred:																			
6.1 Improve health outcomes .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.25,176,889	.25,176,889	.9,057,647	.34,234,536			
6.2 Activities to prevent hospital readmissions .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.3 Improve patient safety and reduce medical errors .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.4 Wellness and health promotion activities .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.5 Health Information Technology expenses related to health improvement .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....		0	0	0	0	0	0	0	0	0	0	0	25,176,889	25,176,889	9,057,647	34,234,536			
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.868	XXX	XXX	XXX			
8. Claims Adjustment Expenses:																			
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6 .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
8.2 All other claims adjustment expenses .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.56,153,880	.56,153,880	.21,738,353	.77,892,233			
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) .....		0	0	0	0	0	0	0	0	0	0	0	56,153,880	56,153,880	21,738,353	77,892,233			
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8) .....		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	XXX	XXX	XXX			

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SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group	8  Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	25,000	25,000	.0	25,000
10.2 Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	82,741,711	82,741,711	.0	82,741,711
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10.4 Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	179,184,002	179,184,002	75,831,462	255,015,464
10.4a Community Benefit Expenditures (informational only) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	261,950,713	261,950,713	75,831,462	337,782,175
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	0	(15,599,593)	(15,599,593)	XXX	(122,227,055)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110,537,351	110,537,351
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,952,337	XXX	39,952,337
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,352,744	XXX	28,262,633
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	4,868,345	4,868,345	1,308,011	6,176,356
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	4,868,345	4,868,345	1,308,011	6,176,356
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	11	11	95	106
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	58,090,814	58,090,814	15,213,696	73,304,510

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. 445 Great Circle Road Nashville, TN 37228

NAIC Group Code		0001		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		12575	
		Business Subject to MLR									10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9							
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)			
1. Health Premiums Earned:																	
1.1 Direct premiums written		0	0	0	0	0	0	0	0	0	0	0	3,348,116,947	3,348,116,947			
1.2 Unearned premium prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.3 Unearned premium current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.4 Change in unearned premium (Lines 1.2 - 1.3)		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.5 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(650,493)	(650,493)			
1.6 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	7,646,715	7,646,715			
1.7 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	29,164,350	29,164,350			
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)		0	0	0	0	0	0	0	0	0	0	0	(21,517,635)	(21,517,635)			
1.9 Premium balances written off		0	0	0	0	0	0	0	0	0	0	0	1,774,120	1,774,120			
1.10 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		0	0	0	0	0	0	0	0	0	0	0	3,346,342,827	3,346,342,827			
1.12 Assumed premiums earned from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(102,714)	(102,714)			
1.13 Net Assumed less Ceded premiums earned from affiliates		0	0	0	0	0	0	0	0	0	0	0	(677,172,865)	(677,172,865)			
1.14 Ceded premiums earned to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(102,714)	(102,714)			
1.15 Other Adjustments due to MLR calculation - Premiums		0	0	0	0	0	0	0	0	0	0	0	0	0			
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)		0	0	0	0	0	0	0	0	0	0	0	2,691,338,090	2,691,338,090			
2. Direct Claims Incurred:																	
2.1 Paid claims during the year		0	0	0	0	0	0	0	0	0	0	0	2,702,349,287	2,702,349,287			
2.2 Direct claim liability current year		0	0	0	0	0	0	0	0	0	0	0	8,462,012	8,462,012			
2.3 Direct claim liability prior year		0	0	0	0	0	0	0	0	0	0	0	5,646,863	5,646,863			
2.4 Direct claim reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.5 Direct claim reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.6 Direct contract reserves current year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.7 Direct contract reserves prior year		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.8 Paid rate credits		0	0	0	0	0	0	0	0	0	0	0	(650,493)	(650,493)			
2.9 Reserve for rate credits current year		0	0	0	0	0	0	0	0	0	0	0	7,646,715	7,646,715			
2.10 Reserve for rate credits prior year		0	0	0	0	0	0	0	0	0	0	0	29,164,350	29,164,350			
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)		0	0	0	0	0	0	0	0	0	0	0	209,901	209,901			
2.11a Paid medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	895,247	895,247			
2.11b Accrued medical incentive pools and bonuses current year		0	0	0	0	0	0	0	0	0	0	0	50,000	50,000			
2.11c Accrued medical incentive pools and bonuses prior year		0	0	0	0	0	0	0	0	0	0	0	735,346	735,346			
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)		0	0	0	0	0	0	0	0	0	0	0	(100,051,550)	(100,051,550)			
2.12a Healthcare receivables current year		0	0	0	0	0	0	0	0	0	0	0	523,029,620	523,029,620			
2.12b Healthcare receivables prior year		0	0	0	0	0	0	0	0	0	0	0	623,081,170	623,081,170			
2.13 Group conversion charge		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.14 Multi-option coverage blended rate adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)		0	0	0	0	0	0	0	0	0	0	0	2,783,257,759	2,783,257,759			
2.16 Assumed incurred claims from non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(184,222)	(184,222)			
2.17 Net assumed less ceded incurred claims from affiliates		0	0	0	0	0	0	0	0	0	0	0	(551,840,212)	(551,840,212)			
2.18 Ceded incurred claims to non-affiliates		0	0	0	0	0	0	0	0	0	0	0	(184,222)	(184,222)			
2.19 Other adjustments due to MLR calculation - Claims		0	0	0	0	0	0	0	0	0	0	0	0	0			
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)		0	0	0	0	0	0	0	0	0	0	0	2,253,585,675	2,253,585,675			
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION) NAIC Company Code	
All Expenses		Improving Health Care Quality Expenses		Claims Adjustment Expenses							
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ ..... for affiliated services) .....										
	1.2 Outsourced Services .....										
	1.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	1.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	1.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	1.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ ..... for affiliated services) .....										
	2.2 Outsourced Services .....										
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	2.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	2.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XX	XXX					
	2.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	2.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ ..... for affiliated services) .....										
	3.2 Outsourced Services .....										
	3.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....										
	3.4 Other Equipment (excl. EDP) (incl \$ ..... for affiliated services) .....										
	3.5 Accreditation and Certification (incl \$ ..... for affiliated services) .....		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ ..... for affiliated services) .....										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries .....										
	3.9 Taxes, Licenses and Fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

216-4.GT

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

[illegible]



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2018  
(To Be Filed by April 1)

Of The SilverScript Insurance Company  
ADDRESS (City, State and Zip Code) Nashville , TN 37228  
NAIC Group Code 0001 NAIC Company Code 12575 Federal Employer's Identification Number (FEIN) 20-2833904

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ 2,371,801,053

2. Ten largest exposures to a single issuer/borrower/investment.

	1	2	3	4
	Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2.01			\$	0.0 %
2.02			\$	0.0 %
2.03			\$	0.0 %
2.04			\$	0.0 %
2.05			\$	0.0 %
2.06			\$	0.0 %
2.07			\$	0.0 %
2.08			\$	0.0 %
2.09			\$	0.0 %
2.10			\$	0.0 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2	Preferred Stocks	3	4
3.01	NAIC-1	\$ 2,691,717	0.1 %	3.07	P/RP-1	\$ 0.0 %
3.02	NAIC-2	\$ 0	0.0 %	3.08	P/RP-2	\$ 0.0 %
3.03	NAIC-3	\$ 0	0.0 %	3.09	P/RP-3	\$ 0.0 %
3.04	NAIC-4	\$ 0	0.0 %	3.10	P/RP-4	\$ 0.0 %
3.05	NAIC-5	\$ 0	0.0 %	3.11	P/RP-5	\$ 0.0 %
3.06	NAIC-6	\$ 0	0.0 %	3.12	P/RP-6	\$ 0.0 %

4. Assets held in foreign investments:

4.01	Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?	Yes [ X ] No [ ]
If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.		
4.02	Total admitted assets held in foreign investments	\$ 0.0 %
4.03	Foreign-currency-denominated investments	\$ 0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	\$ 0.0 %



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1 .....	\$ .....	.....0.0 %
5.02	Countries designated NAIC-2 .....	\$ .....	.....0.0 %
5.03	Countries designated NAIC-3 or below .....	\$ .....	.....0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
6.01	Country 1: .....	\$ .....	.....0.0 %
6.02	Country 2: .....	\$ .....	.....0.0 %
	Countries designated NAIC - 2:		
6.03	Country 1: .....	\$ .....	.....0.0 %
6.04	Country 2: .....	\$ .....	.....0.0 %
	Countries designated NAIC - 3 or below:		
6.05	Country 1: .....	\$ .....	.....0.0 %
6.06	Country 2: .....	\$ .....	.....0.0 %

		1	2
7.	Aggregate unhedged foreign currency exposure .....	\$ .....	.....0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1 .....	\$ .....	.....0.0 %
8.02	Countries designated NAIC-2 .....	\$ .....	.....0.0 %
8.03	Countries designated NAIC-3 or below .....	\$ .....	.....0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
9.01	Country 1: .....	\$ .....	.....0.0 %
9.02	Country 2: .....	\$ .....	.....0.0 %
	Countries designated NAIC - 2:		
9.03	Country 1: .....	\$ .....	.....0.0 %
9.04	Country 2: .....	\$ .....	.....0.0 %
	Countries designated NAIC - 3 or below:		
9.05	Country 1: .....	\$ .....	.....0.0 %
9.06	Country 2: .....	\$ .....	.....0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1	2	3	4
	Issuer	NAIC Designation		
10.01	.....	.....	\$ .....	.....0.0 %
10.02	.....	.....	\$ .....	.....0.0 %
10.03	.....	.....	\$ .....	.....0.0 %
10.04	.....	.....	\$ .....	.....0.0 %
10.05	.....	.....	\$ .....	.....0.0 %
10.06	.....	.....	\$ .....	.....0.0 %
10.07	.....	.....	\$ .....	.....0.0 %
10.08	.....	.....	\$ .....	.....0.0 %
10.09	.....	.....	\$ .....	.....0.0 %
10.10	.....	.....	\$ .....	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

11. Amounts and percentages of the reporting entity’s total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments .....	\$ .....	.....0.0 %
11.03	Canadian-currency-denominated investments .....	\$ .....	.....0.0 %
11.04	Canadian-denominated insurance liabilities .....	\$ .....	.....0.0 %
11.05	Unhedged Canadian currency exposure .....	\$ .....	.....0.0 %

12. Report aggregate amounts and percentages of the reporting entity’s total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

		1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions .....	\$ .....	.....	.....0.0 %
	Largest three investments with contractual sales restrictions:			
12.03	.....	\$ .....	.....	.....0.0 %
12.04	.....	\$ .....	.....	.....0.0 %
12.05	.....	\$ .....	.....	.....0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

		1	2	3
	Issuer			
13.02	.....	\$ .....	.....	.....0.0 %
13.03	.....	\$ .....	.....	.....0.0 %
13.04	.....	\$ .....	.....	.....0.0 %
13.05	.....	\$ .....	.....	.....0.0 %
13.06	.....	\$ .....	.....	.....0.0 %
13.07	.....	\$ .....	.....	.....0.0 %
13.08	.....	\$ .....	.....	.....0.0 %
13.09	.....	\$ .....	.....	.....0.0 %
13.10	.....	\$ .....	.....	.....0.0 %
13.11	.....	\$ .....	.....	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

14. Amounts and percentages of the reporting entity’s total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities .....	\$ .....	.....0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$ .....	.....0.0 %
14.04	.....	\$ .....	.....0.0 %
14.05	.....	\$ .....	.....0.0 %

15. Amounts and percentages of the reporting entity’s total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests .....	\$ .....	.....0.0 %
	Largest three investments in general partnership interests:		
15.03	.....	\$ .....	.....0.0 %
15.04	.....	\$ .....	.....0.0 %
15.05	.....	\$ .....	.....0.0 %

16. Amounts and percentages of the reporting entity’s total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity’s total admitted assets? ..... Yes [ X ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1	2	3
	Type (Residential, Commercial, Agricultural)		
16.02	.....	\$ .....	.....0.0 %
16.03	.....	\$ .....	.....0.0 %
16.04	.....	\$ .....	.....0.0 %
16.05	.....	\$ .....	.....0.0 %
16.06	.....	\$ .....	.....0.0 %
16.07	.....	\$ .....	.....0.0 %
16.08	.....	\$ .....	.....0.0 %
16.09	.....	\$ .....	.....0.0 %
16.10	.....	\$ .....	.....0.0 %
16.11	.....	\$ .....	.....0.0 %

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans .....	\$ .....	0.0 %
16.13	Mortgage loans over 90 days past due .....	\$ .....	0.0 %
16.14	Mortgage loans in the process of foreclosure .....	\$ .....	0.0 %
16.15	Mortgage loans foreclosed .....	\$ .....	0.0 %
16.16	Restructured mortgage loans .....	\$ .....	0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan to Value		Residential		Commercial		Agricultural	
		1	2	3	4	5	6
17.01	above 95%.....	\$ .....	0.0 %	\$ .....	0.0 %	\$ .....	0.0 %
17.02	91 to 95%.....	\$ .....	0.0 %	\$ .....	0.0 %	\$ .....	0.0 %
17.03	81 to 90%.....	\$ .....	0.0 %	\$ .....	0.0 %	\$ .....	0.0 %
17.04	71 to 80%.....	\$ .....	0.0 %	\$ .....	0.0 %	\$ .....	0.0 %
17.05	below 70%.....	\$ .....	0.0 %	\$ .....	0.0 %	\$ .....	0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

Description		1	2	3
18.02	.....	\$ .....	0.0 %	
18.03	.....	\$ .....	0.0 %	
18.04	.....	\$ .....	0.0 %	
18.05	.....	\$ .....	0.0 %	
18.06	.....	\$ .....	0.0 %	

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ X ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

Description		1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans: .....	\$ .....	0.0 %	
Largest three investments held in mezzanine real estate loans:				
19.03	.....	\$ .....	0.0 %	
19.04	.....	\$ .....	0.0 %	
19.05	.....	\$ .....	0.0 %	

SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

20. Amounts and percentages of the reporting entity’s total admitted assets subject to the following types of agreements:

		At Year End		1st Quarter		At End of Each Quarter	3rd Quarter	
		1	2	3		2nd Quarter	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
20.02	Repurchase agreements	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
20.03	Reverse repurchase agreements	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
20.04	Dollar repurchase agreements	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
20.05	Dollar reverse repurchase agreements	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned		Written	
		1	2	3	4
21.01	Hedging	\$ .....	.....0.0 %	\$ .....	.....0.0 %
21.02	Income generation	\$ .....	.....0.0 %	\$ .....	.....0.0 %
21.03	Other	\$ .....	.....0.0 %	\$ .....	.....0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year End		1st Quarter		At End of Each Quarter	3rd Quarter	
		1	2	3		2nd Quarter	4	5
22.01	Hedging	\$ .....0	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
22.02	Income generation	\$ .....0	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
22.03	Replications	\$ .....0	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
22.04	Other	\$ .....0	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End		1st Quarter		At End of Each Quarter	3rd Quarter	
		1	2	3		2nd Quarter	4	5
23.01	Hedging	\$ .....0	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
23.02	Income generation	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
23.03	Replications	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....
23.04	Other	\$ .....	.....0.0 %	\$ .....		\$ .....	\$ .....	\$ .....



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Alabama

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			53,937,505	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	53,937,505	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	53,937,505	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	53,937,505	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			53,937,505	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	53,937,505	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Alabama

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Alaska

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			1,182,107	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	1,182,107	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	1,182,107	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	1,182,107	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			1,182,107	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	1,182,107	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Alaska

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Arizona

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			35,071,421	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	35,071,421	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	35,071,421	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	35,071,421	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			35,071,421	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	35,071,421	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Arizona

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Arkansas

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			54,830,510	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	54,830,510	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	54,830,510	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	54,830,510	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			54,830,510	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	54,830,510	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Arkansas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: California

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			376,781,506	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	376,781,506	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	376,781,506	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	376,781,506	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			376,781,506	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	376,781,506	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: California

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Colorado

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			27,116,168	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	27,116,168	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	27,116,168	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	27,116,168	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			27,116,168	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	27,116,168	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Colorado

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Connecticut

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			43,199,425	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	43,199,425	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	43,199,425	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	43,199,425	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			43,199,425	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	43,199,425	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Connecticut

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Delaware

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			10,104,281	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	10,104,281	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	10,104,281	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	10,104,281	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			10,104,281	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	10,104,281	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Delaware

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: District of Columbia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			5,460,210	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	5,460,210	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	5,460,210	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	5,460,210	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			5,460,210	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	5,460,210	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: District of Columbia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Florida

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			312,454,595	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	312,454,595	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	312,454,595	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	312,454,595	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			312,454,595	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	312,454,595	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Florida

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Georgia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			106,633,292	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	106,633,292	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	106,633,292	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	106,633,292	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			106,633,292	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	106,633,292	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Hawaii

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			4, 169, 629	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	4, 169, 629	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	4, 169, 629	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	4, 169, 629	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			4, 169, 629	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	4, 169, 629	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Hawaii

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Idaho

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			14,908,536	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	14,908,536	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	14,908,536	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	14,908,536	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			14,908,536	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	14,908,536	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Idaho

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Illinois

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			104,477,443	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	104,477,443	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	104,477,443	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	104,477,443	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			104,477,443	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	104,477,443	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Illinois

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Indiana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			69,617,752	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	69,617,752	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	69,617,752	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	69,617,752	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			69,617,752	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	69,617,752	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Indiana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Iowa

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			42,800,853	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	42,800,853	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	42,800,853	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	42,800,853	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			42,800,853	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	42,800,853	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Iowa

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Kansas

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			40,463,170	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	40,463,170	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	40,463,170	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	40,463,170	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			40,463,170	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	40,463,170	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Kansas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Kentucky

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			59,906,508	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	59,906,508	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	59,906,508	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	59,906,508	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			59,906,508	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	59,906,508	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Kentucky

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Louisiana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			69,647,616	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	69,647,616	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	69,647,616	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	69,647,616	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			69,647,616	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	69,647,616	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Louisiana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Maine

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			7,529,328	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	7,529,328	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	7,529,328	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	7,529,328	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			7,529,328	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	7,529,328	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Maine

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Maryland

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			57,261,503	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	57,261,503	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	57,261,503	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	57,261,503	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			57,261,503	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	57,261,503	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Maryland

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Massachusetts

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			99,032,228	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	99,032,228	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	99,032,228	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	99,032,228	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			99,032,228	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	99,032,228	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Massachusetts

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Michigan

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			74,825,170	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	74,825,170	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	74,825,170	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	74,825,170	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			74,825,170	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	74,825,170	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Michigan

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Minnesota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			48,994,211	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	48,994,211	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	48,994,211	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	48,994,211	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			48,994,211	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	48,994,211	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Minnesota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Mississippi

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			58,936,413	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	58,936,413	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	58,936,413	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	58,936,413	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			58,936,413	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	58,936,413	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Mississippi

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Missouri

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			99,963,338	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	99,963,338	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	99,963,338	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	99,963,338	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			99,963,338	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	99,963,338	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Missouri

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Montana

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			13,707,710	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	13,707,710	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	13,707,710	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	13,707,710	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			13,707,710	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	13,707,710	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Montana

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Nebraska

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			24,926,553	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	24,926,553	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	24,926,553	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	24,926,553	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			24,926,553	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	24,926,553	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Nebraska

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Nevada

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			10,478,598	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	10,478,598	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	10,478,598	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	10,478,598	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			10,478,598	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	10,478,598	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Nevada

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Hampshire

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			11,132,647	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	11,132,647	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	11,132,647	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	11,132,647	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			11,132,647	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	11,132,647	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Hampshire

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Jersey

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			105,383,525	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	105,383,525	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	105,383,525	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	105,383,525	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			105,383,525	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	105,383,525	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Jersey

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Mexico

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			21,483,423	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	21,483,423	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	21,483,423	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	21,483,423	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			21,483,423	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	21,483,423	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New Mexico

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New York

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			202,294,875	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	202,294,875	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	202,294,875	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	0	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: New York

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	202,294,875	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	202,294,875	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: North Carolina

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			127,864,248	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	127,864,248	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	127,864,248	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	127,864,248	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			127,864,248	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	127,864,248	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: North Dakota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			13,587,851	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	13,587,851	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	13,587,851	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	13,587,851	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			13,587,851	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	13,587,851	0





ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: North Dakota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Ohio

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			122,397,717	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	122,397,717	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	122,397,717	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	122,397,717	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			122,397,717	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	122,397,717	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Ohio

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Oklahoma

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			57,304,197	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	57,304,197	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	57,304,197	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	57,304,197	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			57,304,197	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	57,304,197	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Oklahoma

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Oregon

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			27,699,191	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	27,699,191	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	27,699,191	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	27,699,191	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			27,699,191	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	27,699,191	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Oregon

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Pennsylvania

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			160,968,128	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	160,968,128	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	160,968,128	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Rhode Island

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			9,364,908	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	9,364,908	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	9,364,908	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	9,364,908	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			9,364,908	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	9,364,908	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Rhode Island

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: South Carolina

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			56,693,453	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	56,693,453	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	56,693,453	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	56,693,453	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			56,693,453	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	56,693,453	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: South Carolina

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: South Dakota

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			12,708,596	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	12,708,596	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	12,708,596	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	12,708,596	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			12,708,596	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	12,708,596	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: South Dakota

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Tennessee

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			67,096,128	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	67,096,128	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	67,096,128	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	67,096,128	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			67,096,128	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	67,096,128	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Tennessee

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Texas

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			173,744,294	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	173,744,294	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	173,744,294	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	173,744,294	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			173,744,294	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	173,744,294	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Texas

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Utah

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			11,648,293	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	11,648,293	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	11,648,293	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	11,648,293	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			11,648,293	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	11,648,293	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Utah

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Vermont

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			12,535,971	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	12,535,971	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	12,535,971	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	12,535,971	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			12,535,971	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	12,535,971	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Vermont

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Virginia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			71,363,736	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	71,363,736	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	71,363,736	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	71,363,736	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			71,363,736	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	71,363,736	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Virginia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Washington

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			56,885,296	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	56,885,296	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	56,885,296	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	56,885,296	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			56,885,296	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	56,885,296	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Washington

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: West Virginia

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			32,090,139	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	32,090,139	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	32,090,139	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	32,090,139	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			32,090,139	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	32,090,139	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: West Virginia

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Wisconsin

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			58,651,850	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	58,651,850	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	58,651,850	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	58,651,850	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			58,651,850	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	58,651,850	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Wisconsin

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Wyoming

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			7,023,752	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	7,023,752	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	7,023,752	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	7,023,752	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	0	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....			7,023,752	
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	7,023,752	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Wyoming

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	0	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0





LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Puerto Rico

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....			372,426	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....				
3.2 Roll over of GICs or annuities into other companies .....				
3.3 Surrenders or other benefits paid out .....				
3.4 Excess interest credited to accounts .....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....				
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....				
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	372,426	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....				
9. Aggregate write-ins for Other Deductions .....	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	372,426	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	0	0



ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Puerto Rico

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE ( Line 11 of the Reconciliation Exhibit)	0	0	372,426	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
3.2 All amounts .....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
(b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	0
4.5 Amounts up to \$7.5 million, per contract (Minnesota only) .....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
5.2 All amounts .....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	0
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota Only) .....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	
7.2 All amounts .....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only) .....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only) .....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions .....	0	0	0	0
BASE				
11. Current Year (2018) .....	0	0	372,426	0
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above) .....	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018  
(To Be Filed by April 1)

OF THE SilverScript Insurance Company..... NAIC COMPANY CODE .....12575.....

DIRECT BUSINESS IN THE STATE OF: Grand Total

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses .....	0	0	3,348,712,223	0
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account .....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees .....	0	0	0	0
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	0	0	0	0
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts .....	0	0	0	0
3.2 Roll over of GICs or annuities into other companies .....	0	0	0	0
3.3 Surrenders or other benefits paid out .....	0	0	0	0
3.4 Excess interest credited to accounts .....	0	0	0	0
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	0	0	0	0
3.99 Total (Lines 3.1 through 3.5) .....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	0	0	0	0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2) .....	0	0	0	0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	0	0	0	0
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	0	0	3,348,712,223	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	0
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	0
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	0	0	0	0
9. Aggregate write-ins for Other Deductions .....	0	0	2,985,076,794	0
10. Total (Lines 6 + 7.4 + 8 + 9) .....	0	0	2,985,076,794	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year .....	0	0	363,635,429	0
DETAILS OF WRITE-INS				
3.501. ....				
3.502. ....				
3.503. ....				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	0	0	0	0
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above) .....	0	0	0	0
0601. ....				
0602. ....				
0603. ....				
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	0	0	0	0
0901. Medicare part D .....	0	0	2,985,076,794	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) .....	0	0	2,985,076,794	0

Life Supplement - Analysis of Annuity Operations by Lines of Business

**N O N E**

Life Supplement - Analysis of Annuity Operations by Lines of Business Overflow Page

**N O N E**

Life Supplement - Analysis of Increase in Annuity Reserves During the Year

**N O N E**